

East Sussex Healthcare NHS Trust Board Agenda

Date: Tuesday 9th April 2024

Time: 09:30 – 12:45

Venue: St Mark's Church Hall, Green Lane, Bexhill-on-Sea, TN39 4BZ

	Item	Lead	Action	Time
1	Welcome and apologies	Chair	Information	09:30
2	Staff Recognition	Chair	Information	
3	Martha's Rule	CNO	Information	09:30
4	Declarations of Interest	Chair	Information	
5	Minutes of Trust Board Meeting in public 13.02.24	Chair	Approval	09:45
6	Matters Arising	Chair	Approval	
7	Chief Executive's Report	CEO	Information	09:50
Quality, Safety and Performance				
8	Integrated Performance Report, Month 11 (February)		Assurance	10.05
	<ul style="list-style-type: none"> 1. Chief Executive Summary 2. Quality & Safety 3. Our People 4. Access and Responsiveness 5. Financial Control and Capital Development 	CEO CNO/DMD CPO COO CFO		
9	Learning From Deaths Q2	DMD	Assurance	10:50
10	Maternity Overview Q3	DOM	Assurance	10:55
Break – 15 minutes				
Strategy				
11	Our Vision and Objectives 2024/25	CEO	Decision/ Assurance	11:20
12	Trust Annual Financial Planning 2024/25	CFO	Information	11:30
13	Committee in Common	CEO	Decision	11:40
14	Digital Strategy Update	CFO	Assurance	11:55
15	New NHSE leadership competency framework for board members	CPO	Decision	12:05
Governance and Assurance				
16	Board Assurance Framework Q4	COS	Assurance	12:15

17	Delegation of approval of Annual Report and Accounts 2023/24 (verbal)	COS	Decision	12:20
18	Board Committee Summaries	Committee Chairs	Assurance	
For Information				
19	Organ Donation Annual Report	DMD	Information	12:25
20	Use of Trust Seal	Chair	Information	
21	Questions from Members of the Public	Chair		12:30
22	Date of Next Meeting Tuesday 11 th June 2024	Chair	Information	
	Close	Chair		



Steve Phoenix
Chairman

Key:	
Chair	Trust Chair
CEO	Chief Executive
CNO	Chief Nurse and DIPC
COO	Chief Operating Officer
CFO	Chief Finance Officer
COS	Chief of Staff
CPO	Chief People Officer
DMD	Deputy Medical Director
DOM	Director of Midwifery

Board Meetings in public: Etiquette

Please be aware that there are a number of things that we know contribute to productive meetings and show respect to all members in the room. If you are attending the meeting then we would be grateful if you would consider the following:

- Mobile devices that are not used solely for the purpose of following the meeting ought not to be brought into the meeting
- If you are required to have a mobile device about your person, please keep the use to a minimum, and ensure that it is on silent mode. If you are required to take a call, please do so outside the meeting
- All members of the public are asked to sign in
- Recording devices should not be used in the meeting
- The Trust Board is a meeting in public, not a public meeting. As such, the Chair leads and directs the meeting. Papers are presented to the chair (not to the public) so where points are raised/responses are made these should be directed to the Chair
- Questions from members of the public may only relate to items on the agenda, and these will be considered in the time set aside on the agenda
- If several members of the public wish to raise questions, the Chair will seek to ensure a fair allocation of time among questioners

Board Meetings in public: 2024

Month	Location	Timing	Any other information
11 th June	Conquest – Lecture Theatre, Education Centre	09.30 – 12.30	
13 th August	St Mary’s Boardroom, Eastbourne District General Hospital	09.30 – 12.30	
10 th September – Annual General Meeting	Bexhill – The Relais Cooden Beach	14.30 – 16.00	
8 th October	St Mark’s Church Hall, Green Lane, Bexhill	09.30 – 12.30	
10 th December	Conquest – Lecture Theatre, Education Centre	09.30 – 12.30	

Staff Recognition

Purpose of the paper	East Sussex Healthcare NHS Trust recognises that the high standard of care and quality of service it provides is dependent on the contribution, effort, and loyalty of its people. As such, this is an opportunity for the Trust to demonstrate and acknowledge the exceptional performance, behaviour, achievements and contribution that our colleagues and volunteers have made to the organisation			
	For Decision		For Assurance	For Information
Sponsor/Author	x			
Governance overview	Trust Board			

Strategic aims addressed	Collaboration	Improving health	Empowering people	Efficient/Sustainable
		x	x	

Values reflected	Working Together	Improvement & Development	Respect & Compassion	Engagement & Involvement
	x	x	x	x

Recommendation	N/A
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Executive Summary	Hero of the Month
	<u>December 2023</u>
	Kathy Clifford – Newington ward, Conquest Hospital – Urgent Care Division
	<p>'Kathy is an exceptional HCA who regularly goes above and beyond for her patients. She is cheerful, capable and obliging, and she is popular with patients and staff alike.</p> <p>I am nominating her on this occasion because of her quick response to the sudden deterioration of a patient on her ward. When the patient became acutely breathless and desaturated, Kathy started her on high flow oxygen (which was not available in the bed area so she had to find the necessary equipment) and put out an emergency call. Kathy monitored and reassured the patient until the emergency team arrived, then helped us to prepare her for transfer.</p> <p>The patient was taken to Critical Care where she made a good recovery and I have no doubt that, without Kathy's quick response, the patient's outcome might not have been so good.'</p>
<u>January 2024</u>	
Winner – Ingrid Benge – Jubilee Eye Suite EDGH – DAS Division	
<p>'Mrs Benge has worked at the Trust for 50 years and everyday goes above and beyond. I have known Ingrid for over 20 years and I have to say she is like a mum to the ward, always looking after the team and the patients. Patients have always come first in Ingrid's eyes and she is always the first one into work and the last one out! 50 years in the NHS is amazing – thank you!!'</p> <p>'Ingrid is sadly retiring after working for the Trust for over 50 years. She will be extremely missed as she is a very popular, caring, trusted and professional member of the team and is exceptional as a nurse and a colleague.'</p>	

'Ingrid is a fabulous member of the team in Jubilee Eye Suite who started nursing within the Trust on the 5th March 1974 so will have done 50 years' service this March. Ingrid will be retiring on the 28th March and will be a huge loss to the department and the Trust. Her experience in ophthalmology is enormous and daily touches the lives of the patients she looks after with her professionalism and kindness.'

'Ingrid is a well-loved member of the team, and it would be fabulous if she could be Hero of the Month to recognise her career, her long service and that she has had 50 years of being an amazing nurse.'

'Ingrid is retiring in March 2024 having dedicated 50 years to the NHS service. She is a credit to the team, always has a smile on her face and is kind and caring to her patients and colleagues. The DAS Head of Nursing team would like to recognise her long service and dedication to the nursing profession.'

'Ingrid has been within the Trust for 50 years and is an inspiration to us all! She works so hard; she is very professional and dedicated. Always smiling and helping everyone who she comes into contact with. Her retirement will leave a big hole to all that know and love her.'



Ingrid receiving her Hero of the Month and 50 Years' Long Service award

Long Service Awards

December 2023

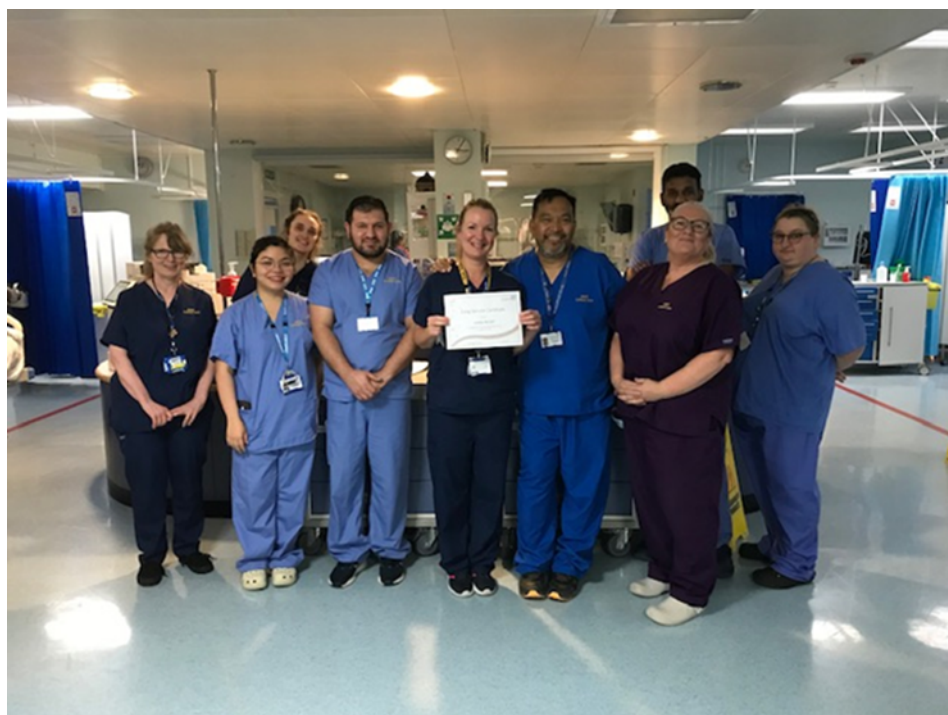
10 Years' Service	25 Years' Service	40 Years' Service
Harry Adams	Lesley Apthorp	Nenita Allsopp
Hayley Brown	Samantha March	
Deborah Chambers	Beverley Mills	
Helen Collingham	Lisa Murray	
Nicholas Donald	John Robertson	
Isabella Forte-Hyland	Sharon Rolfe	
Tanya Fry		
Dawn-Ellen Gilbert		
Hiramaya Karmacharya		
Rebecca Leigh		
Joy Mathappan		
Lee Moore		
Tracey Peters		
Ashleigh Rowe		
Judy Shaill		
Melissa Smith		
Josephine Townsend		
Carl Young		

January 2024

10 Years' Service	25 Years' Service	40 Years' Service
Hayley Allender	Evette Davies	
Kristina Brown	Sharon Harrod	
Helen Brown	Julian Hickman-Casey	
Giso Cook	Carl Jackson	
Hari Raghunathan	Amanda May	
Alexa Hollis	Julie Thomson	
John Shiny		
John Siji		
Sarah Levack		
Mathew Lali		
Preeja Narayanan		
Ayyappaashankar		
Vasudevan Nair		
Teresa Whippy		



Isabella Forte-Highlands celebrating her 10 years' long service award



Caroline Mitchell receiving her 10 years' long service award

Next steps

Non applicable

Martha's Rule

Cheryl Sparkes, Critical Care Outreach Lead

Trust Board Meeting in Public

9th April 2024

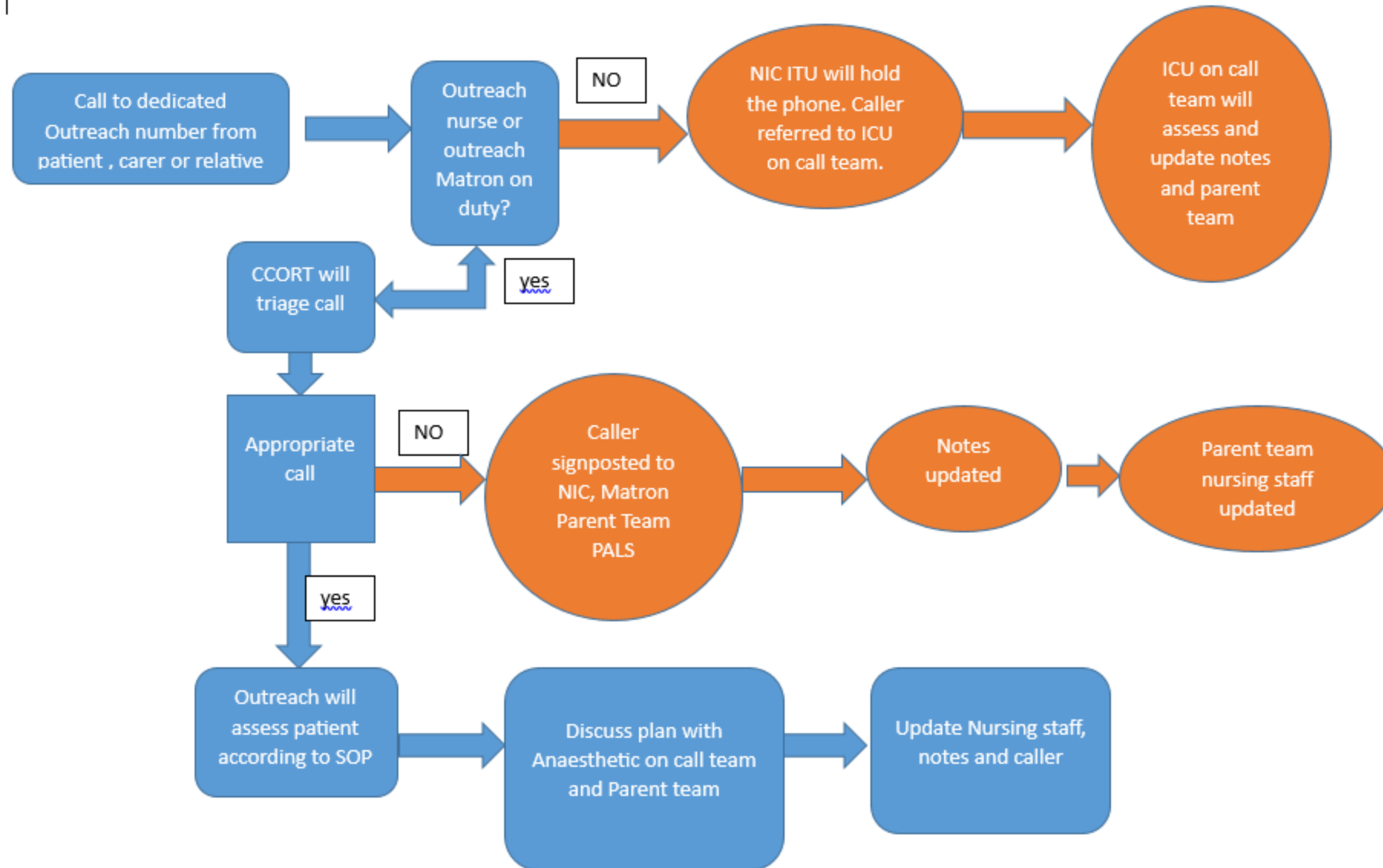
- Martha's rule is a patient safety initiative allowing patients and their families or representatives to request urgent independent clinical reviews within the NHS if they feel their concerns are not being listened to or responded to.
- Created by the mother of 13 year old Martha Mills who died of sepsis in 2021. Inquest findings suggested lack of response to parental concern for deterioration and red flag signs of sepsis contributed to her death.
- As of February 2024 Martha's Rule has passed the proposal stage and has been accepted by the UK Health
- Secretary and NHS England who recommend National roll out of this service.

There are three elements to Martha's Rule

1. All staff in NHS trusts must have 24/7 access to a rapid review from a critical care outreach team, who they can contact should they have concerns about a patient.
2. All patients, their families, carers, and advocates must also have access to the same 24/7 rapid review from a critical care outreach team, which they can contact via mechanisms advertised around the hospital, and more widely if they are worried about the patient's condition. This will be **Call4Concern** at East Sussex Healthcare NHS Trust.
3. The NHS must implement a structured approach to obtain information relating to a patient's condition directly from patients and their families at least daily. In the first instance, this will cover all inpatients in acute and specialist trusts.

Plan for implementation:

- 3-4 week trial on Cookson Devas Ward, Conquest. Plan to commence on 25th March 2024.
- Roll out to all adult beds within Trust.
- Engage with Paediatrics – implement on Paediatric ward.
- Engage with Obstetrics/ Midwifery – implement within Obstetrics.
- 1st draft Standard Operating Procedure written and currently being reviewed by Consultant colleagues.





Are you concerned about a patient?

NHS
East Sussex Healthcare
NHS Trust

Call 4 Concern is a patient safety initiative set up by the critical care outreach team to support adult patients, their families and carers.

You can use Call 4 Concern if you feel the team currently providing care has not fully recognised that you or your loved one has become more unwell and you would like a reassessment by a different clinical team.

Call 4 Concern is here if you...

Have ongoing concerns regarding a noticeable change in the condition of yourself or a patient you are visiting

Have already discussed your concerns with a doctor or nursing staff and don't feel these concerns have been addressed

To make the Call 4 Concern, please call **07483 106718**

If the team are with patients and unable to answer your call please leave a message that includes name of patient, ward and your contact details.

Any questions?

East Sussex Healthcare NHS Trust Board Minutes

Date: Tuesday 13th February 2024
Time: 09:30 – 12:45
Venue: St Mary's Boardroom, Eastbourne District General Hospital

		Actions
	<p>Attendance: Mr Steve Phoenix, Chairman Mrs Joe Chadwick-Bell, Chief Executive Mr Steve Aumayer, Deputy Chief Executive and Chief People Officer Mrs Vikki Carruth, Chief Nurse & Director of Infection Prevention and Control Mrs Jackie Churchward-Cardiff, Vice Chair Mrs Karen Manson, Non-Executive Director Mr Paresh Patel, Non-Executive Director Mr Damian Reid, Chief Finance Officer Mrs Nicola Webber, Non-Executive Director</p> <p><u>Non-Voting Directors</u> Ms Ama Agbeze, Associate Non-Executive Director Mrs Amanda Fadero, Associate Non-Executive Director Mr Richard Milner, Chief of Staff Mr Frank Sims, Associate Non-Executive Director</p> <p><u>In Attendance</u> Mr Garry East, Deputy Chief Operating Officer Dr Aktham Nathhas, Consultant Geriatrician (for item 24/003 only) Dr James Wilkinson, Deputy Medical Director Mr Peter Palmer, Board Secretary (minutes)</p>	
	<p>Apologies: Dr Simon Merritt, Chief Medical Officer Mrs Charlotte O'Brien, Chief Operating Officer Ms Carys Williams, Non-Executive Director</p>	
24/001	<p>Chair's Opening Remarks Mr Phoenix welcomed everyone to the meeting. He reported that this was Mrs Churchward-Cardiff's final Board meeting, having been with the Trust for nine and a half years. She had worked under three Chief Executives and three Chairs during her time with ESHT and had been a key part of the leadership that had transformed the Trust during that time. Colleagues were always grateful for the advice and counsel that she provided outside of meetings, and he thanked her for all that she had done for the organisation. Mrs Churchward-Cardiff thanked the Board, explaining that the current Board was the best she had worked with in her time with the Trust.</p> <p><u>Hero of the Month</u> Mr Phoenix reported that there had been joint winners of the Trust's Hero of the Month Award in October. They were Hannah Kennedy from the Urgent Community Response team and Sammi Foy from the Occupational Health team. November's winner had been the Hastings Community Nursing Team, based in the Plaza Health Centre.</p> <p>He noted that one of his favourite parts of his job was meeting the winners of awards and spending time talking to them and learning about their services, and thanked all the staff for the warm welcomes that he received.</p>	

24/002	<p>Declarations of Interest</p> <p>In accordance with the Trust's Standing Orders that directors should formally disclose any interests in items of business at the meeting, the Chair noted that no potential conflicts of interest had been declared.</p>	
24/003	<p>Frailty Early Discharge Scheme (FEDs)</p> <p>Mrs Chadwick-Bell explained that she had an ambition to be the best at frailty in recognition of the older population that it served. She explained that Dr Nathhas was presenting on the Frailty Early Discharge Scheme (FEDs) that had been introduced at EDGH and that she was very proud of what his team had achieved. Dr Nathhas presented on FEDs to the Board.</p> <p>Mr Phoenix praised the scheme noting that it provided better outcomes for patients, was better for staff and saved money. In response to a question from Mrs Churchward-Cardiff, Dr Nathhas explained that while early results from the scheme had shown no change to readmissions, the results after six months had shown improvement. The study had been initially randomised, but this was not now the case so community support could now be offered to patients which should lead to a further reduction in readmissions.</p> <p>Mrs Fadero asked about the importance of rehabilitation for FEDs patients and Dr Nathhas explained that the frailty team focussed on patient rehabilitation from the start of admissions, with patients given physiotherapy from day one. This prevented deconditioning in patients and rehabilitation continued after patients had been discharged. He noted that the Trust's rehabilitation capacity was improving, with virtual capacity being utilised more regularly than in the past.</p> <p>Dr Wilkinson praised the FEDs scheme, noting that it provided benefits to patients while also paying for itself. He noted that patients admitted to the frailty unit were not that dissimilar to patients admitted to general and speciality wards and asked whether the scheme would be rolled out further in the Trust. Mrs Chadwick-Bell explained that this was the Trust's ambition, but that the Trust did not currently have sufficient community capacity. Work was being undertaken to review and right size services which would allow FEDs to be scaled up for more patients.</p> <p>Mrs Agbeze asked whether patients, families and carers had reacted positively to FEDs and Dr Nathhas reported that the reaction had been very positive, with families contributing to the discharge process once they understood the potential complications for patients who remained in hospital.</p> <p>Mr Sims asked whether the culture in the frailty team had changed as a result of FEDs. Dr Nathhas explained that staff were very enthusiastic about the scheme and all wanted to contribute. They had been rotated through FEDs supportive roles and had then taken good practices back to their normal roles which had increased the success of the programme. The frailty department had a supportive and enthusiastic culture.</p> <p>Mrs Churchward-Cardiff explained that she was looking forward to seeing the six monthly results from the scheme, noting that the early results made it clear that the learnings from FEDs should be shared across the organisation. She was delighted that the scheme had been identified and clinically led and supported by Executives, as this was the culture that she wanted to see in the Trust. She thanked the team for their hard work.</p>	
24/004	<p>Minutes</p> <p>The minutes of the Trust Board meeting held on 12th December 2023 were considered. One amendment to the minutes was noted on page 3, but they were otherwise agreed as an accurate record, and were signed by the Chair and would be lodged in the Register of Minutes.</p>	

24/005	<p>Matters Arising</p> <p>There were six formal matters arising from the meeting on 12th December 2023. Four had been closed, with two due to be completed when the maternity update was presented to April's Board meeting.</p> <p><u>Deep Dive into Medical Turnover</u></p> <p>Mr Aumayer explained that a deep dive into medical turnover in the Trust had been undertaken which had identified no significant issues. High levels of turnover tended to be associated with small departments where one person leaving led to a disproportionate turnover percentage. The full findings of the deep dive would be reported to the People and Organisational Development Committee.</p>	
24/006	<p>Chief Executive's Report</p> <p>Mrs Chadwick-Bell reported that paediatric service improvement work had been undertaken in January which had put additional resources into the Emergency Department (ED) at EDGH in a dedicated space where children would be seen more quickly by an Advanced Paediatric Nurse Practitioner or Paediatric Registrar. This would ensure that children were not unnecessarily moved around the hospital and also meant that there was no longer a need to run the existing SSPAU (Paediatric Assessment Unit) as a separate service.</p> <p>Data showed that since the changes had been made, children were being seen more quickly, waiting time breaches had halved and that half of the children who attended ED did so for minor injuries. Previously 1.5% of children attending ED were seen by a paediatric practitioner, whereas now 30-35% of children were seen as part of their care pathway. No increase in transfers of patients to the Conquest had been seen as a result of the change. Planned care pathways had been agreed and a new model of care introduced.</p> <p>Mrs Chadwick-Bell noted that very poorly children would continue to be transferred to the Conquest Hospital, as had been the case prior to these changes. GPs were still able to refer children to paediatric services at EDGH and the Trust had written to GPs to confirm that there were no changes to patient pathways. A review of the change to the service had been undertaken with HOSC which would be presented to their meeting in March. A question had been raised with the Secretary of State about the change to the service, with a response being provided via NHSE and the ICB. As a result of the concerns that had been raised about the changes, an independent review from outside of the ICB area would be commissioned to identify whether there were any further improvement opportunities. The ICB had already undertaken a review which had identified no concerns. Mrs Chadwick-Bell emphasised that the changes that had been introduced had not changed the way that services for children in Eastbourne were accessed.</p> <p>The business planning process for 2024/25 had been started, although the Trust still awaited national planning guidance. An update would be presented to the Board at March's seminar, and plans would be aligned with the annual business objectives for the organisation.</p> <p>Mrs Chadwick-Bell reported that the Trust had received a fixed penalty notice from the CQC prior to Christmas. The full detail would be shared with the Board in private in part two, but could not be shared publicly as the incident concerned a patient. She explained that the Trust had missed an opportunity to share clinical information when a patient had been discharged, which may have changed the subsequent timeliness of treatment that had been offered to the patient.</p> <p>Mr Reid reported that for technical reasons there would be a two week delay in the introduction of Electronic Patient Records (EPR) to the Trust.</p>	
24/007	<p>Integrated Performance Report for Month 9 (December)</p> <p>Mrs Chadwick-Bell noted that December and January was always the most challenging period of year for the Trust, and that this had been exacerbated by strike actions. Urgent and emergency care performance remained good in comparison to other organisations,</p>	

but was still not where the Trust wanted it to be. Work to reduce the length of stay for patients continued to be undertaken by the Trust and the system.

Quality and Safety

Mrs Carruth reported that quality and safety metrics had remained relatively stable during December with no concerns to note. This was testament to the hard work of colleagues during one of the busiest periods of the year when staff had also had to manage patients with flu, norovirus and Covid.

There had been a slight increase in Meticillin-Sensitive Staphylococcus Aureus (MSSA) infections reported in December, although this had subsequently reduced in January. The increase was not statistically significant, but would be monitored moving forward. The Trust's MSSA infection rate remained below the national average, with increased infection rates being reported across the system.

Length of stay was the most important factor in improving the quality of care that was given to patients. The longer patients stayed in hospital, the more likely they were to decondition or to be exposed to respiratory illness. The number of patients that were discharge ready in the Trust had not reduced, but the length of stay for patients and the time taken to discharge patients once they were ready for discharge had both reduced since the previous year.

Mrs Carruth reported that she had spent time on the frailty ward at the Conquest the previous day and it had been very busy. She had spoken to staff and patients, and recognised that patients were not getting the best experience possible as super-surge capacity was being utilised due to the huge pressure that the Trust was under. She noted the importance of discharging patients to the right place for their continued care when they no longer needed to be in hospital, and explained that the Trust was working to educate patients and colleagues about the importance of admission avoidance.

Mrs Churchward-Cardiff asked about the Trust's length of stay culture asking whether colleagues were sometimes reluctant to discharge patients. Mrs Carruth explained that she did not feel that the Trust kept patients in hospital when they no longer needed to be there, but accepted that there was could be an understandable aversion to taking risks around patient discharge. Discussions were taking place about what could be done differently to facilitate earlier safe discharges. She noted that there were significant external delays with more than 35 patients waiting for places in nursing homes and long waits for discharge to assess.

Dr Wilkinson explained that accessing external support was the main cause of delays to discharge, noting that the whole health system was under a lot of pressure. The Trust was working hard to ensure that acute wards were focussed on getting patients home safely as soon as possible, with discharge planning seminars that had been organised for ward staff during the previous year changing the way that people thought about discharge.

Mrs Chadwick-Bell explained that there were three elements that made up length of stay: internal factors, the interface between organisations and sufficient capacity in the system to ensure that patients were discharged on the correct pathway. A review had been commissioned by the ICB to look at pathways out of hospital, with the findings to be discussed the following week. She accepted that more could be done within the Trust to improve discharge, but explained that a fundamental change would need to take place around the way that resources were used to discharge patients across the system to ensure that patients went to the right place at the right time. A deep dive into the discharge programme had been started which would look at whether this was robust, whether changes were brave and safe and whether it was correctly resourced. Mr Phoenix noted that the Trust had the advantage of having integrated community services, so had the ability to affect changes that some Trusts did not.

Mr Sims asked what more could be done in the community both to keep patients out of hospital and to support patients in their homes following discharge from hospital. Mrs Chadwick-Bell explained that the importance of both measures was recognised, but noted

that both needed to be provided from within existing budgets. A robust programme of work was being developed to enable earlier interventions to take place before patients were conveyed to hospital.

Mrs Webber asked about the data that was used to identify any issues around slow discharges, ensuring that the Trust was focused on making improvements that would have the greatest impact. Mrs Chadwick-Bell explained that the Trust had access to a lot of data, both internally and as a system which allowed areas of focus to be identified. A deep dive would be presented to the Board at an upcoming seminar. Mrs Carruth added that Trust data that was available from business intelligence which allowed colleagues to look at information by site, by ward and by individual patient. Daily multidisciplinary team reviews were undertaken to identify and to remove any barriers to discharge. Further work was planned to focus on admission avoidance, working with the system and the third sector to stop patients from attending ED when this was not the best place for their care.

Mrs Manson noted that the average number of patients with No Criteria to Reside (NCTR) had remained relatively static since April 2023, despite a lot of improvements having been introduced. She asked if 200 NCTR patients was now the new normal for the Trust, and if so what measures were being put in place for those patients. Mrs Carruth explained that the improvements introduced had led to the average length of stay almost halving and shorter waits for patients who were discharge ready. However, the number of discharge ready patients had remained at around 200 and she felt that this reflected the current steady demand on the Trust. Mr East explained that a lot of the improvements that had been introduced were also supported by system wide actions. The new Transfer of Care Hub was expected to be fully staffed in two months' time, and he anticipated that further improvements would be seen once this was fully resourced.

Mrs Fadero asked that improvement actions were kept as simple as possible to ensure that their impact could be clearly identified. She was pleased to hear that families were involved in the discharge process through FEDs and applauded the improvements that the scheme had realised. She explained that it was remarkable that the Trust's quality indicators had been maintained despite the pressures on the Trust in recent months and praised Mrs Carruth and the nursing team for continuing to keep patients safe.

Mr Patel explained that he was concerned that improvement work was being overengineered and could take too long, noting that FEDs provided a good case study for effective improvement. Mrs Chadwick-Bell explained that discharge was very complex, with multiple patient pathways which the Trust did not fully control. External factors required system solutions to resolve. She hoped that the deep dive to be presented to the Board would provide greater context about the challenges faced and the actions being taken to address them.

Dr Wilkinson reported that the Trust's mortality indicators continued to be good. The Summary Hospital-level Mortality Indicator (SHMI) was just under 100, having reduced from 115 ten years before. An issue with the way that clinical information was recorded in patient notes had been identified and addressed and was expected to lead to a reduction in the SHMI. The Risk-Adjusted Mortality Index (RAMI) put the Trust amongst the top third of organisations nationally. An improvement in reviews of deaths within a month to just under 80% had been seen in the last month which was testament to focussed work undertaken by divisional chiefs.

Our People – Our Staff

Mr Aumayer reported that December had been a very busy month for the Trust, but that the whole time equivalent (WTE) workforce had remained in budget during the month. There had been a monthly overspend of £900k on temporary workforce due to industrial action, waiting list initiatives, additional shifts and the need for 1:1 nursing and an overspend was also anticipated during January.

Vacancy rate continued to reduce in the Trust with improvements seen in mandatory training and appraisal rates. Sickness rates in December had been around 6% and had been on an upward trajectory for seven months; this increase had also been seen in

neighbouring trusts and was an area of focus for the organisation. Short term sickness had also increased, but the number of days off sick per WTE was at its lowest since September 2021. Further junior doctors strikes were due to take place in February, and planning for these had commenced.

Mr Aumayer reported that he had suffered a heart attack three weeks previously and had therefore received very recent first hand experience of the care offered by the Trust. He praised the outstanding technical and pastoral care that he had received from colleagues, explaining that he had never felt more proud to sit on the Trust's Board; he thanked every member of staff in the Trust for all the work that they did as it really mattered.

Mrs Webber noted the significant improvements that had been made in workforce metrics; Mr Aumayer explained that there had been about 12 months of continuous improvement, which was particularly pleasing given the challenging working environment in the Trust over the last year.

Access and Responsiveness

Mr East reported that four hour ED performance in December had been 69.7%, against a trajectory target of 73%. This had improved in January to 71.3%, which placed the Trust 42nd out of 124 trusts nationally. A high number of patients were attending EDs who required mental health intervention and the Trust was working with Sussex Partnership Foundation Trust (SPFT) to improve the care that these patients received and to ensure that they were put onto appropriate care pathways following their care with the Trust.

Between 50 and 70 patients were being treated through virtual ward capacity, which provided a good demonstration of the way that the Trust was moving patients through pathways appropriately. The Trust continued to work with the South East Coast Ambulance Service (SECAmb) to improve ambulance handovers and performance was generally good. The number of patients waiting for more than 65 weeks for elective care was ahead of the Trust's agreed trajectory, with no patients waiting for more than 78 weeks.

Cancer performance remained challenged during December with the Trust achieving 72.4% against the faster diagnostic standard. The Trust was working towards reducing the 62 day cancer backlog by the end of March. The Trust's diagnostic performance during the month had been 86.7% against the 99% target. A reduction in the waiting list for community paediatric activity had been seen following outsourcing; the number of patients waiting for more than three years for an appointment had reduced from 82 to one.

Mrs Fadero noted that there had been 807 patients who had waited over 12 hours from arrival to discharge in the ED in December and asked what percentage of these were patients with mental health conditions. Mr East explained that around 100 were patients with mental health conditions, noting that there was no requirement to try to move these patients out of ED within 12 hours. Mrs Carruth noted that the Trust differed from some other provider organisations by not leaving these patients in ED, and ensuring that they were moved out of ED within 25 hours, noting that this might have a detrimental impact on the Trust's Length of Stay performance. The patients in question were small in number but complex and many had to wait for specialist beds to be available from other providers in an area where demand exceeded capacity. The Trust was working with SPFT to identify further actions which could mitigate the issue. The difference in treatment for patients when they were seen in the right place, by the right staff with the right skills was clear and the Trust was committed to managing the patients as safely as possible. Mrs Chadwick-Bell noted that part of the Trust's capacity issues were due to patients with mental health issues who no longer needed to be in the Trust but did not have safe places to discharge to. A system mental health summit had taken place a couple of weeks before with another scheduled. Very focussed interventions had led to a significant recent reduction in the number of mental health patients waiting for beds from 14 to six.

Mrs Churchward-Cardiff asked about the downward trends for 62 day cancer waits and asked what was being done to recover this. Mrs Chadwick-Bell explained that there was a backlog of patients waiting for more than 62 days and this, alongside the faster diagnostic

standard were areas of focus for the Trust. Improving the faster diagnostic standard was not entirely within the gift of the Trust, but areas where improvement could be realised had been identified which had led to a reduced backlog and an improving trajectory. This in turn would lead to an improvement of 62 day cancer performance. She hoped that future reporting to the Board would better articulate performance against recovery trajectories as well as current performance.

Financial Control and Capital Development

Mr Reid reported that up to month seven of 2023/24 the Trust had reported seven months of gradually increasing deficits due to the impact of industrial action and increased inflationary pressures. A national settlement had been received in month eight to address this impact, with industrial action estimated to have a total impact of £3.9m for the year. The Trust had anticipated receiving 2% additional funding for work that was undertaken to relieve elective pressures, which would now not been received. The Trust was now anticipating that it would finish the year with a likely £5.4m deficit position and had asked for formal approval of this reforecast position which did not include any costs associated with February's industrial action.

The £5.4m deficit target would be challenging for the Trust, but it had been approved by the Integrated Care System (ICS) and by the region. The Trust's plans included a number of non-recurrent savings that would need to be revisited the following year; Mr Reid anticipated that the Trust would deliver £25m of its annual £32m Cost Improvement Programme (CIP) target for 2023/24. Improved non-elective and elective performance would be used to drive financial improvement in 2024/25, underpinned by structural organisational changes. He reported that some underlying improvements had been achieved by the Trust, but that external factors outside of the Trust's control had been the biggest drivers of the revised position. He explained that the Board was being asked to approved the forecast deficit target of £5.4m for 2023/24.

Mr Phoenix noted that in the context that the Trust was operating in, reaching a £5.4m deficit position for the year would be considered to be excellent performance by the Executive team and colleagues.

Mr Sims noted that the Trust's run rate was improving and felt that the forecast target for the year would represent good performance for the Trust. He noted that only 60% of the savings that had been achieved were recurrent, and asked if planning had begun for the following year despite not having received planning guidance. Mr Phoenix noted that the Trust knew that 2024/25 would be even more challenging than 2023/24, and a presentation on planning for the year would be made at March's Board Seminar. Mrs Chadwick-Bell explained that the Trust would ensure that measures that had been effective during 2023/24 would continue into 2024/25. There was a focus on identifying further internal opportunities to increase productivity, as well as transformational trust-wide pieces of work and optimisation of resources as a system.

Mrs Manson asked about the reasons for the positive variance seen by ophthalmology team against their 2023/24 target. Mrs Chadwick-Bell explained that the team had improved productivity, and undertaken waiting list initiatives during the year, which had led to improved income. Mr Reid noted that the service faced local challenges to maintain performance, including local competition from another provider.

The Board supported the adjusted forecast of a £5.4m deficit for 2023/24.

24/008 Learning from Deaths Q1

Dr Wilkinson reported that the Trust had a well developed system in place for the review of all deaths by medical examiners; some deaths were subject to a more in depth review by a review group to assess whether there had been any avoidability, with very small numbers found. He explained that there was no central avoidability database held, so it was challenging to assess how the Trust was performing in comparison to other organisations; the Trust had contacted other trusts in the region to try to compare data and processes. All deaths in people with learning disabilities were reviewed internally and externally.

24/009	<p>NHS National Patient Surveys</p> <p>Mr Milner reported that CQC undertook four surveys of trusts each year, with the results of the Adult Inpatient survey 2022 and the Urgent and Emergency Care survey 2022 being presented to the Board. The results for both had been received in late 2023. Surveys of maternity and children and young people would be presented when the results were received. In the future the results of all the CQC surveys would be presented to the Board as a single annual report. He explained that there were some limitations to the timing and detail available from the surveys but that they had contained no issues that the Trust had not already been aware of. Action plans had been developed which would be led by divisions.</p> <p>Mrs Webber felt that the overarching theme that emerged from the surveys was about improving communication, particularly with patients. She accepted that this could be challenging to address, but noted that the action plan included an action to monitor questions rather than any action to address the issues raised. Mr Milner agreed, explaining that discussions about the proposed actions would take place with divisional leads to ensure that the actions worked for them and their divisions; progress would be monitored through monthly IPRs.</p> <p>Mrs Carruth reported that it could be challenging to use the outcomes of the surveys as these were relatively historic, high level and concerned small numbers of patients. The Trust utilised real time feedback to identify and address issues quickly.</p> <p>Mrs Agbeze noted that one of the questions included was about the extent to which hospital staff considered family and home factors when planning discharges. She asked how responses to this question would look if it was asked now. Mr Milner explained that a substantial amount of work had been undertaken to improve discharges from the Trust since the survey had been undertaken. He noted that it would be interesting to compare the results of the next survey, but that these were not expected for another year.</p> <p>Mr Phoenix reported that the national maternity survey results would be presented to the Board soon, and that the Trust's results had been excellent. Nationally, results had reduced for many trusts which put the success of the Trust's maternity team into context, and he praised the outstanding work of the maternity team and their leaders.</p>	
24/010	<p>2023/24 Financial Forecast</p> <p>This matter was discussed under item 24/007 Integrated Performance Report for Month 9 (December)</p>	
24/011	<p>Estates Development</p> <p>Mrs Chadwick-Bell explained that she would present updates to the Board on estates developments within the Trust at alternate meetings to highlight the huge amount of work that was taking place in the organisation. She reported that the construction of the Sussex Surgical Centre, a dedicated High Volume Low Complexity (HVLC) day surgery unit at EDGH, had commenced and was on target to be built by Spring 2025.</p>	
24/012	<p>Shared Delivery Plan and Transformation Workstreams</p> <p>Mrs Chadwick-Bell explained that the Shared Delivery Plan (SDP) had been developed by the Integrated Care Board (ICB) and was being presented to the Trust Board to emphasise the Trust's commitment to and role within the SDP. The SDP would link with internal transformation programmes. She noted that Mrs Carruth was no longer involved in the mental health workstream as detailed in the update but was now working on the discharge workstream. Two provider collaboratives for acute care and community/primary care had been formed which would have their own workstreams.</p> <p>Mrs Fadero asked if reporting to the Board would be adjusted to include both organisational and system performance, explaining that it would be helpful to understand the impact of actions taken at both Trust and system level. Mrs Chadwick-Bell explained that she sat on the ICB where system and organisational data was discussed, agreeing that reporting that highlighted the impact of contributions from individual organisations to system performance could be helpful in providing assurance to the Board.</p>	

	<p>Mrs Manson explained that it would also be helpful if reporting could help the Board to understand actions that were being taken by the ICB to address any performance gaps that fed into work that was being undertaken by the Trust. Mrs Chadwick-Bell explained that collaborative working was being led by Chief Executives across the system; this was slower to implement than work carried out by individual organisations, but probably led to better results. The correct balance in reporting needed to be found in providing internal assurance about the Trust and system's actions and how these were leading to improved care using available resources.</p> <p>Mr Sims asked how the Trust would ensure that changes made through working in acute and community collaboratives would derive the most possible benefit. Mrs Chadwick-Bell explained that memorandums of understanding, terms of reference and workplans were being developed for each collaborative. A collaborative managing director was being recruited who would work with directors of strategy and chief medical officers to develop programmes of work, with a focus on doing between three and five things as effectively as possible. A system oversight board, made up of system leaders chief executives and ICB directors would maintain oversight of the collaboratives.</p>	
24/013	<p>Mortuary Security</p> <p>Dr Wilkinson reported that the Phase 1 report into the Maidstone and Tunbridge Wells (MTW) NHS Trust David Fuller mortuary inquiry of November 2023 had been published, with the Phase 2 report anticipated in 2024. The recommendations from the report were for MTW to address. However, the Trust anticipated that national recommendations would follow and had therefore undertaken a review against the 17 MTW recommendations. The Trust was already compliant with most of the recommendations, but an action plan had been written to address areas where improvements could be made.</p> <p>Mr Phoenix noted that the action plan included an action for completing the training over current staff over the next four years, and asked why this would take so long. Dr Wilkinson was unsure, but noted that more detailed presentations of the actions would be made to the Quality and Safety (Q&S) Committee who would be monitoring progress.</p> <p>Mrs Webber noted that the report included a number of exceptions against must do actions and asked whether Executives were comfortable with the action plan as she had not taken assurance from it. Dr Wilkinson explained that explained that there was currently no expectation that ESHT would comply with the recommendations included within the MTW report, but the Trust was being proactive in monitoring its progress against these as mandated guidance was anticipated in the future. He agreed that this could have been better explained in the paper.</p> <p>Mrs Agbeze reported that she had undertaken a recent visit to the mortuary; security provisions included within the recommendations provided protection for Trust staff as well as for patients. She agreed that some realignment of timelines within the action plan would be helpful.</p>	
24/014	<p>Annual Review of Standing Orders, Standing Financial Instructions and Scheme of Delegation</p> <p>Mr Reid explained that the Trust's governing documents had been subject to their usual annual update. The proposed changes had been reviewed and endorsed by the Audit Committee.</p> <p>The Trust Board approved the updated Trust Governing Documents</p>	
24/015	<p>Board Assurance Framework Q3</p> <p>Mr Milner presented the Q3 Board Assurance Framework (BAF). He noted that the risk rating for BAF 9 had reduced from 16 to 12 due to investment that had been made into the Quality Improvement team to support Trust objectives and the transformation programme. The rating for BAF 4 had increased from 12 to 20 due to the anticipated year end deficit financial position. The anticipated year end risk for BAF 3 had reduced from 16 to 12 due to the sustained improvements seen in HR metrics, although this reduction assumed that there would be no further industrial action before the end of the year.</p>	

	<p>He explained that planning was underway for the 2024/25 BAF. This would be linked to draft corporate objectives and Chairs of Committees would work with Executive leads to review the risks that sat under their Committees. The Board would discuss proposals to update the strategic risks at the Board seminar in March.</p>	
24/016	<p>Board Committees Summaries</p> <p><u>Audit</u> The Board noted the summary.</p> <p><u>Finance and Productivity</u> The Board noted the summary.</p> <p><u>Inequalities</u> Mr Phoenix explained that this was the first report from the Inequalities Committee. The Board noted the summary.</p> <p><u>People and Organisational Development</u> The Board noted the summary.</p> <p><u>Quality and Safety</u> The Board noted the summary.</p> <p><u>Strategy and Transformation</u> The Board noted the summary.</p>	
24/017	<p>Charity Annual Report</p> <p>Mrs Manson presented the annual report and accounts for the East Sussex Healthcare NHS Charity. The charity's aims were to enhance the experience of patients, to support staff and to enhance the Trust's facilities. The largest investments by the charity during 2022/23 had been on improving staff workspaces and in the canteens at Conquest Hospital and EDGH. The charity was reliant on donations and fundraising and had recently launched a new website. The annual report and accounts had been submitted to the Charity Commission ahead of the 31st January deadline.</p>	
24/018	<p>Safeguarding Annual Report</p> <p>Mrs Carruth explained that the safeguarding annual report had previously been presented to Q&S. She thanked the safeguarding team and colleagues for their hard work during the year, noting that the Trust was seeing increased safeguarding activity and increased complexity of cases. She encouraged the Board to continue to be supportive of safeguarding in the Trust, particularly around restorative supervision for staff, and encouraged Board members to visit safeguarding and health visiting teams if possible.</p> <p>Mrs Webber asked for clarification about the number of referrals received that were related to victims and survivors of domestic abuse. Mrs Carruth clarified that the support that was available was equal regardless of gender.</p>	
24/019	<p>Emergency Preparedness, Resilience and Response Annual Report</p> <p>Mr East explained that the Emergency Preparedness, Resilience and Response (EPRR) Annual Report had previously been presented to the Audit Committee. The Trust had improved its compliance against the NHS EPRR framework since the previous year, achieving substantial compliance. There were two areas of non-compliance concerning having sufficient trained loggists and holding an exercise in support of the Trust's infectious diseases plan. An action plan had been developed to address both areas and it was hoped that the Trust would achieve full compliance the following year. Additional training exercises for colleagues were planned during 2024. The number of risks on the Corporate Risk Register had been reduced during the year, aided by an external review from the ICB's resilience team.</p> <p>Mr Sims praised the progress that was being made, and Mr East noted that changes to</p>	

	the way the team operated had taken place during the year with a more proactive approach being taken in reaching out to services which was starting to realise benefits.	
24/020	Use of Trust Seal Two uses of the Trust seal since the last Board meeting were noted.	
24/021	<p>Questions from members of the public</p> <p>Mrs Walke asked whether the maternity day unit at Eastbourne would remain closed, noting that assurance had been given by the Trust when consultant led maternity services had moved to Hastings that the unit in Eastbourne would remain open. Mrs Chadwick-Bell explained that there was a national shortage of trained midwives and due to the ongoing staffing challenges the Trust had taken the decision to suspend births at EDGH in order to continue to provide safe community midwifery services. The unit had remained open throughout for outpatient antenatal and postnatal services, and around three births a week were impacted by the suspension. To provide certainty for patients the Trust was undertaking a review with maternity colleagues, the Maternity Voices Partnership and the ICB to develop a new staffing model that would enable the resumption of births at Eastbourne DGH and had committed to completing this work by the end of April.</p> <p>Mrs Walke asked why the changes to the paediatric service at EDGH had taken place before being approved by the Health Oversight Committee (HOSC). Mrs Chadwick-Bell explained that the changes were not considered to be a major service change, so did not require the approval of HOSC. The Trust had briefed the Chair of HOSC about the changes in July; members of staff and the public had raised concerns about the changes and HOSC had asked for further assurance from the Trust. She explained that the Trust had 'double run' the service for a month to ensure that the changes were safe and effective. Mr Phoenix noted that the Trust was only accountable to HSOC for major service changes, but that colleagues worked hard to ensure that the Trust and HOSC enjoyed a positive, constructive relationship with them which is why we are happy to accommodate their requests.</p> <p>Mrs Walke reported that she had met the Trust's Director of Estates and Facilities to discuss the Sussex Surgical Centre; she was very encouraged about the fact that it was being built sustainably, but felt that the Trust should be doing more to promote it. Mr Phoenix noted that there was a lot of great work taking place in the Trust and that there would be a greater focus on this at Board meetings moving forward.</p> <p>Mr Hardwick asked whether any progress had been made with arranging transport between hospital sites. Mrs Chadwick-Bell reported that the Trust had regular discussions with external providers to try to facilitate improved transport, but was unable to provide an update.</p> <p>Mr Hardwick asked for more information about the nomination for the HSJ partnership award for Patient Safety Collaboration of the Year mentioned in the CEO's update. Mrs Carruth explained that the nomination was for collaborative work that had been undertaken between the Trust and Oak House for patients with swallowing difficulties.</p> <p>Mr Hardwick asked for more information about the CQC enforcement notice and Mrs Chadwick-Bell explained that while she was unable to discuss the matter in detail due to patient confidentiality, it concerned the Trust's duty to enact care for patients. It had been an isolated incident, and the Trust had been able to provide the CQC with full assurance about measures that had been introduced to prevent a future occurrence.</p> <p>Mr Campbell asked whether construction of the Sussex Surgical Centre remained on target and Mr Phoenix confirmed that this was the case. Mr Campbell asked why there was a gap in anticipated spending on the Sussex Surgical Centre by the Trust in the year. Mr Reid explained that the Trust's spending on the surgical hub was on track, but that there was a gap in overall capital spending for the year which he anticipated would be closed by the end of the financial year.</p> <p>Mr Campbell asked whether appointment letters for the Bexhill Community Diagnostic</p>	

	Centre (CDC) included a reference to patient transport. Mr East explained that the letters did not include this information, as transport was only available for patients who met the criteria for transport. The CDC was no different to other Trust services in only providing transport for patients who qualified.	
24/022	Date of Next Trust Board Public Meeting The next Trust Board Meeting in Public would be held on Tuesday 9th April 2024 at 0930 at St Mark's Church Hall, Bexhill.	



Matters Arising from the Board meeting of 13th February 2024

There were no matters arising from the Board meeting on 13th February 2024.

Chief Executive's Report

Purpose of the paper	To update on key items of information which are relevant but not covered in the performance report or other papers			
	For Decision	For Assurance	For Information	x
Sponsor/Author	Joe Chadwick-Bell			
Governance overview	Not applicable			

Strategic aims addressed	Collaboration	Improving health	Empowering people	Efficient/Sustainable
	x	x	x	x

Values reflected	Working Together	Improvement & Development	Respect & Compassion	Engagement & Involvement
	x	x	x	x

Recommendation	The Board is asked to note the updates and assurances provided by the Chief Executive
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Executive Summary	<p>I would like to start by thanking all of my colleagues across the trust, who have all worked hard as we have continued through the winter months with on-going industrial action. Whilst the priority has been to maintain patient safety and access to urgent care, the teams have continued to offer elective activity through out-patients, diagnostics and surgery as we believe that all patients should have timely access to care, in particular those with suspected or confirmed cancer.</p> <p>The focus over the past two months has been on delivering our core services, planning for next year and in a separate report I will share the trust objectives for the coming year and how we will measure success and work with the clinical divisions to embed change through their own leadership and clinical structures.</p> <p><u>Urgent Care</u></p> <p>There has been a significant focus in March on delivery of the four hour clinical standard and whilst this will be covered more fully in the performance update, I would like to recognise the hard work and commitment that the organisation has shown to ensuring patients are seen in a timely way when they arrive at our front doors. We have seen significant improvement, have identified what it takes to deliver in terms of key action learning and areas of success moving forwards and will look to embed the areas of success.</p> <p><u>Planning</u></p> <p>The trust, along with the wider NHS, has been focused on business planning. At the time of writing the national planning guidance has not been issued, but below is a summary of key planning assumptions at this stage:</p> <ul style="list-style-type: none"> • 77% of patients to be seen and discharged or admitted within four hours • No patients waiting over 65 weeks by the end of September • Continued focus on cancer with 77% patients meeting the faster diagnostic standard (FDS) and 70% patients receiving their cancer treatment within 62 days of referral
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- Trusts are expected to deliver a break even position this year, however whilst we are finalising our budget and income setting, it is expected that this year there will be a planned deficit with a significant cost efficiency programme, final numbers have not yet been agreed with the ICB and NHSE.

Use of Resources Programme

The trust has performed well financially over the past four years, but as the money tightens nationally and therefore for the trust, the financial challenge is going to be difficult over the next few years. The trust has grown significantly in terms of turnover and workforce since 2019 with an increase in income from £476.6m to £639.4m and staffing numbers from 6,808 to 8,032, in part due to increased activity, newly commissioned services in community and the acquisition of Sussex Premier Health (SPH). However some increases are also due to an increase in delayed discharges and therefore increase in bed numbers, and investment in additional nursing and midwifery numbers and whilst safety is paramount we will need to ensure we use our resources wisely.

In order to ensure that the trust uses its resources wisely and ensure we meet the expectation within the well-led CQC domain, over quarter one the trust will set up a new programme to ensure we

- Can demonstrate we have high levels of operational productivity
- Ensure our workforce spend is within agreed budgets and aligns with the shape of the organisations services
- Optimise the balance between acute beds and community provision supporting people at home, discharge in a timely way and reduce length of stay
- Specific focus on services where there is a significant differential between income and expenditure – using service line reporting to drive the outcomes
- Ensure we optimise our procurement opportunities to reduce non-pay costs
- Overperform on paid elective activity
- Ensure we have an affordable urgent care model which delivers timely access to care

Trust Values

The new trust values will be launched in April, along with the organisation's objectives. We undertook a review of our values, which have served us well over the past decade, but as our staff partnership board has developed we asked them to review if the values were still fit for purpose, meaningful and remembered by staff. The view was that as new staff have joined, the organisation has developed and in a post-Covid pandemic world, it felt time for a refresh.

The new trust values comprise three key words: Kindness, Integrity and Inclusivity, which are supported by a set of behaviours. These words have been developed through the staff partnership forum but also with Healthwatch as the aim is that they apply to staff, patients and public alike.

System Working and Integration

As the Sussex Health and Care system continues to develop, the trust has been working in partnership to establish the new infrastructure, which includes:

- Development of the Committee in Common – a partnership across all NHS organisations to drive and deliver transformation and ensure we have sustainable services
- Development of the Provider Collaboratives – a partnership specifically across providers to collaborate on areas where individual organisations may not be able to deliver the best outcomes for their patients within the resources available, to reduce variation across service outcomes

- Development of the Integrated Community Teams – a partnership across health and care, with the aim of developing five community teams across East Sussex to bring resources and planning of community based services together to improve the outcomes for patients, reduce health inequalities and optimise the use of resource and knowledge to support people better at home

Paediatric Changes at EDGH

Further to the update at the last Board, the paediatric changes at Eastbourne have now been completed, although there is some finalising of the planned care pathways with the nursing teams:

- The new unit co-located in the emergency department is now open; an additional unit is in place which has allowed the current Urgent Treatment Centre (UTC) to move to a larger area (still within the emergency department) and this allows for a dedicated and enlarged paediatric space
- The HOSC review board have undertaken a review and there are a number of recommendations which the trust are reviewing and will respond to, most of which were part of the post implementation actions already shared with HOSC. The [full report can be accessed via the HOSC website](#); the Trust's response to the recommendations is due by 12th April 2024. HOSC's conclusions following their review are:
 1. Overall, having considered a range of evidence in detail, the Board considers that the new service model for paediatric services at the EDGH is safe, does not negatively affect patient care for most patient groups, and has the potential to improve patient care and experience in general. However, the Board has some concerns about the staffing sustainability of the new model, the clinical pathways for planned care including those for children with complex needs, and would like to see adjustments made to address concerns regarding the level of Paediatric consultant input at the EDGH site.
 2. The Board would also like to have more data over a longer period of time to assess the impact of the new model on patient care and experience, and has suggested HOSC work with Healthwatch to monitor and review the new service over the next twelve months. ESHT have given a commitment to the Board that they will carefully monitor the new model of care and make changes to the model if necessary.
- A post implementation external review is underway with the final report due imminently
- 30-50% of daily attendances are now being seen by an APNP or a paediatric registrar as opposed to 1-3% previously (would have been seen by ED clinicians) and therefore children are being seen quicker
- No increase in numbers of children being transferred to Conquest
- Positive feedback from staff within the emergency departments
- There are a small number of families (less than 10) who due to the nature of their children's care is being carried out at the Conquest, but each of those families is being supported with a personalised care approach, whilst some of the required skills are being developed with the Eastbourne teams

Next steps	N/A
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Integrated Quality & Performance Report

**Prepared for East Sussex Healthcare NHS Trust Board
For the Period February 2024 (Month 11)**

Content

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About our IPR

- Our IPR reflects how the Trust is currently working and how the on-going journey of improvement and excellence, reflected within our Strategy and Operational Plan (2023/24), is being delivered.
- Throughout our work we remain committed to delivering and improving on:
 - Care Quality Commission Standards
 - Are we safe?
 - Are we effective?
 - Are we caring?
 - Are we responsive?
 - Are we well-led?
 - Constitutional Standards
 - Financial Sustainability in the long-term plan
- Our IPR, therefore, aims to narrate the story of how we are doing and more importantly how we will be doing as we look towards the future.

About

Our vision describes our ambition for the organisation over the five years of this plan:

- To develop outstanding services, building a reputation for excellence in care, becoming “the best DGH and community care provider”
- To lead a modern organisation for our people, enabled by technology, agile working and a light environmental footprint
- To harness existing strong relationships to forge a vanguard collaborative tackling the social and health challenges that face our coastal towns
- To make a demonstrable economic and social impact through our partnership commitments; on health, employment, education, training and skills development across Sussex
- To develop as a financially sustainable and innovation-led organisation

Working Together	“We care about building on everyone’s strengths”
Improvement and Development	“We care about striving to be the best”
Respect and Compassion	“We care about acting with kindness”
Engagement and Involvement	“We care about involving people in our planning and decision-making”

Chief Executive Summary

There are a number of key areas which have shown continued improvement over the past period. The workforce metrics show sustained improvement across the board, although there has been an increase in use of temporary workforce. Quality metrics remain strong, and moving forwards there will be a renewed focus on reconditioning and mobilisation. A number of the access standards are to be proud of namely the elective services and improvements across urgent care.

We remain focused on improving performance against a range of key indicators and are committed to maintaining high standards in quality of care. Our priorities continue to be improving performance against the 4-hour emergency clinical standard, optimising length of stay, getting patient's home and elective recovery, including cancer and diagnostics. The Trust continues to work on embedding actions contained within the Urgent Care improvement plan, and the multiple workstreams focussed on improving productivity, increasing activity and reducing wait times to support elective recovery. We remain committed to improving performance against national cancer, diagnostic and elective standards.

Key Areas of Success

- The overall number of patients on our waiting lists has decreased by more than 16% since July 23 and the volume of long waiters (patients over >65weeks for first definitive treatment) continues to be ahead of the agreed trajectory with a target of zero by the end of May 2024.
- The Trust has seen improvement in 18-week RTT compliance for the fourth consecutive month, with the Trust now ranked 84 out of 119 Trusts in January, up from 112 in September, although the focus is on reduce wait list, long waits and activity
- Our Urgent Care Response continues to be an area of success with the standard of 70% having been consistently achieved year to date. In January >85% of patients were seen within the 2-hour response window.
- Mandatory training compliance increased by 0.5% to 90.2%, exceeding the 90% target for the first time.
- The Turnover rate has reduced again to 9.9%. This is the lowest rate since Sep 21 when leaver rates were suppressed due to the pandemic.
- Our Friends and Family Tests (FFT) recommendation in February, continue to show ESHT's rates higher than the national average.

Key Areas of Focus

- Performance against the Emergency Access Clinical standard in February had improved for the second consecutive month but was still 1.9% percent away from our H2 planning trajectory of 72.1%. Delivering the actions from our Urgent and Emergency care improvement plan to support recovery of the 4-hour performance continues to be a priority for the Trust. Early indicators suggest that further improvements will be seen in March.
- A key area of focus in the coming months is to address the average length of stay in our acute and community beds and overall bed occupancy rates.
- The cancer standards remain challenged and there is a focus on key metrics at speciality level to improve these standards.
- Continued focus at both Trust and Divisional level to improve productivity and ERF performance against plan; mitigating the impact of previous Industrial Action on elective activity where possible.

Balanced Scorecard



Key Metrics

Safety	Target/ Limit	Previous Month	Current Month	19/20 Same Period	Variation	Assurance
4 hour standard	76%	71.4%	72.1%	76.9%	Common Cause	Inconsistent
A&E > 12 hours from arrival to discharge	0	895	746	278	Concern	Not Met
A&E waits over 12 hours from DTA	0	1	1		Common Cause	Inconsistent
Conveyance handover >60 mins	0%	1.40%	1.83%	4.15%	Improvement	Inconsistent
Non Elective Length of Stay	4.48	4.29	4.55	4.00	Common Cause	Inconsistent
Average daily NCTR	95	220	233		Common Cause	Not Met
Cancer 2WW	93%	80.0%	89.3%	97.1%	Concern	Inconsistent
Cancer 62 Day	85%	59.8%	57.7%	76.0%	Concern	Not Met
28 Day General FDS	75%	73.9%	72.7%	74.6%	Improvement	Inconsistent
104 day Backlog	35	35	27	20	Concern	Achieving
Elective Activity (ELIPDC,OPFA, OPFUP Proc)	108%	105%	107%		Improvement	Inconsistent
RTT under 18 weeks	92%	52.2%	53.9%	89.6%	Concern	Not Met
RTT 65 week wait	280	272	150	0	Concern	Achieving
RTT Total Waiting List Size	58968	54462	52856	28485	Common Cause	Inconsistent

Patient Experience	Target/ Limit	Previous Month	Current Month	19/20 Same Period	Variation	Assurance
Complaints received		22	36	57	Common Cause	Target required
Complaints Response Compliance		67.7%	58.1%		Common Cause	Target required
Reopened Complaints		5	3	4	Common Cause	Target required
A&E FFT Score	85%	47.6%	58.7%	96.2%	Common Cause	Inconsistent
A&E FFT Response Rate		0.924%	0.418%	7.21%	Common Cause	Target required
Inpatient FFT Score	95%	98.4%	98.9%	98.4%	Common Cause	Achieving
Maternity FFT Score	95%	100%	94.7%	100%	Common Cause	Inconsistent
Outpatient FFT Score	95%	95.9%	98.0%	98.4%	Common Cause	Achieving
Post Covid19 Assessment FFT Score	95%	100%	80%		Common Cause	Inconsistent

Our People	Target/ Limit	Previous Month	Current Month	19/20 Same Period	Variation	Assurance
Establishment (WTE) All		8,159	8157	7,247	Improvement	Target required
Agency Rate	3.6%	1.38%	1.44%	1.50%	Improvement	Achieving
Vacancy Rate	7.5%	6.1%	4.6%	9.65%	Improvement	Inconsistent
Staff Turnover	11.6%	10.2%	9.9%	10.1%	Improvement	Inconsistent
Retention Rate	90%	92.4%	92.4%	91.5%	Improvement	Achieving
Monthly Sickness - Absence %	4.7%	6%	5.2%	4.8%	Common Cause	Inconsistent
Sickness - Average Days Lost per Fte	17	19	19.1	16.4	Improvement	Not Met
Staff Appraisals	85%	83.0%	83.5%	79.2%	Improvement	Not Met
Statutory & Mandatory Training	90%	89.7%	90.2%	88.7%	Improvement	Not Met

Our Performance	Target/ Limit	Previous Month	Current Month	19/20 Same Period	Variation	Assurance
4 hour standard	76%	71.4%	72.1%	76.9%	Common Cause	Inconsistent
A&E > 12 hours from arrival to discharge	0	895	746	278	Concern	Not Met
A&E waits over 12 hours from DTA	0	1	1		Common Cause	Inconsistent
Conveyance handover >60 mins	0%	1.40%	1.83%	4.15%	Improvement	Inconsistent
Non Elective Length of Stay	4.48	4.29	4.55	4.00	Common Cause	Inconsistent
Average daily NCTR	95	220	233		Common Cause	Not Met
104 day Backlog	35	35	27	20	Concern	Achieving
Elective Activity (ELIPDC,OPFA, OPFUP P...	108%	105%	107%		Improvement	Inconsistent
RTT under 18 weeks	92%	52.2%	53.9%	89.6%	Concern	Not Met
RTT 65 week wait	280	272	150	0	Concern	Achieving
RTT Total Waiting List Size	58968	54462	52856	28485	Common Cause	Inconsistent
Diagnostic <6 weeks	1%	18.8%	10.8%	1.21%	Common Cause	Not Met
Urgent Community Response within 2 h...	70%	83.9%	85.6%		Improvement	Inconsistent
CHIC wait times < 13 weeks	75%	82.2%	83.4%	88.4%	Concern	Achieving
Intermediate Care Length of Stay	30	34.8	38.1	26.6	Common Cause	Inconsistent
% Discharges delayed 1+ days		20.3%	22.0%		Common Cause	Target required
Total delay days from monthly Discharges		3932	3662		Improvement	Target required
Number of Deferred visits/ care plans	0	5981	6407	1331	Concern	Not Met
Cancer 2WW	93%	80.0%	89.3%	97.1%	Concern	Inconsistent
Cancer 62 Day	85%	59.8%	57.7%	76.0%	Concern	Not Met
28 Day General FDS	75%	73.9%	72.7%	74.6%	Improvement	Inconsistent

Finance	Target/ Limit	Previous Month	Current Month	19/20 Same period	Variation	Assurance
Surplus/(deficit) (£'000) - in month	(17)	(2,622)	195	n/a	n/a	
Surplus/(deficit) (£'000) - YTD	7	(5,132)	(4,913)	n/a	n/a	Not met
ERF (£'000) - in month	8,912	9,222	8,577	n/a	n/a	Inconsistent
ERF (£'000) - YTD	94,638	83,081	91,823	n/a	n/a	Not met
Efficiency (£'000) - in month	3,713	2,451	3,005	n/a	n/a	Not met
Efficiency (£'000) - YTD	29,302	22,411	25,416	n/a	n/a	Not met
Capital (£'000) - YTD	49,493	20,930	29,041	n/a	n/a	Not met
Capital (£'000) - FOT	64,752	60,935	60,935	n/a	n/a	Not met

08/04/2024

Constitutional Standards | Benchmarking

*NHS England has yet to publish all January 2024 Provider based waiting time comparator statistics

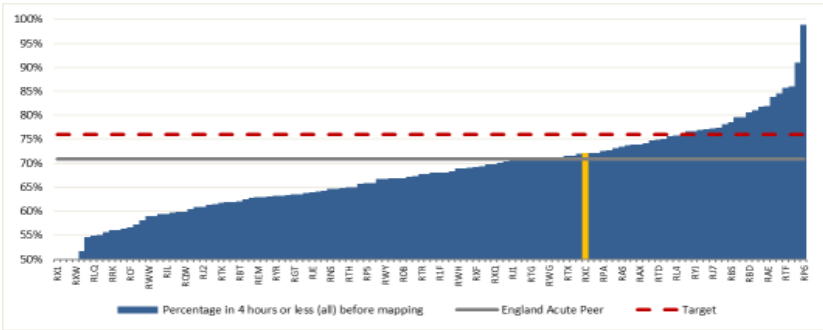
Constitutional Standards

Urgent Care – A&E Performance

February 2024 Peer Review

National Average: 70.92%

ESHT Rank: 37/124

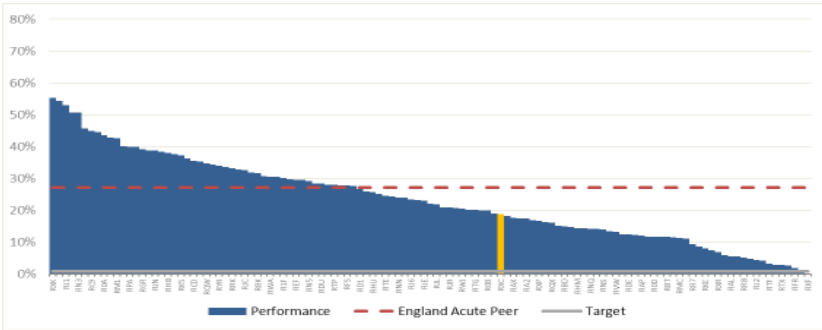


Planned Care – Diagnostic Waiting Times

January 2024 Peer Review*

National Average: 27.2%

ESHT Rank: 49/119

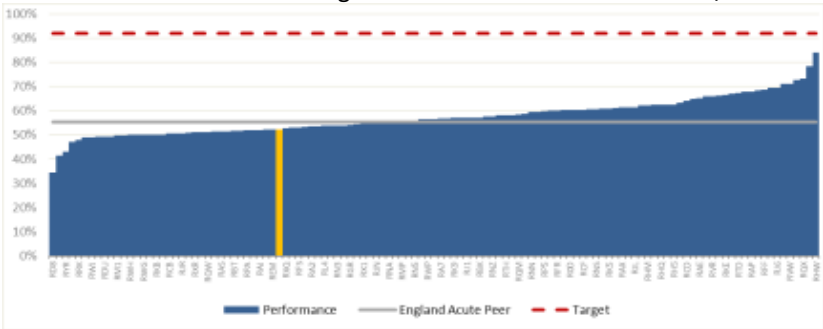


Planned Care – Referral to Treatment

January 2024 Peer Review*

National Average: 55.9%

ESHT Rank: 84/119

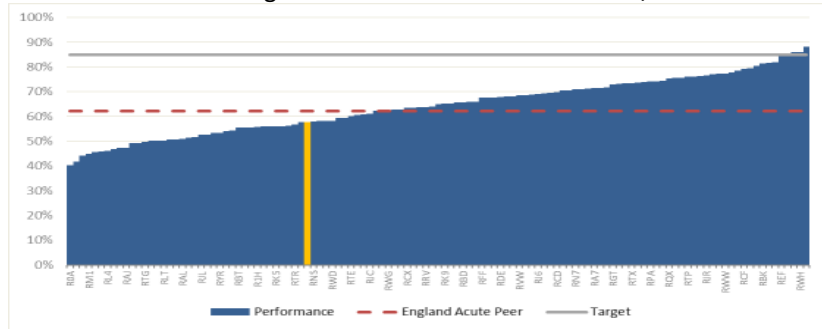


Cancer Treatment – 62 Day Wait for First Treatment

January 2024 Peer Review*

National Average: 62.2%

ESHT Rank: 81/119



ESHT denoted in orange, leading rankings to the right

Quality and Safety

Delivering safe care for our patients

What our patients are telling us?

Delivering effective care for our patients

**Safe patient care is
our highest priority**

Delivering high quality clinical services that achieve and demonstrate the best outcomes and provide excellent experience for patients

COVID 19

The Trust continued to experience COVID outbreaks with prevalence increasing and declining in a wave like pattern. Most patients did not require additional treatment. The most recent outbreaks had higher impact, affecting several bays on Berwick and Stroke at EDGH.

Infection Control

Seasonal influenza A has been prevalent with over 120 case diagnosed in February, very similar to January. 2 cases were classed as healthcare associated and have since recovered. Four cases of CDI were reported for February against a limit of 5. All were hospital onset and were sent for ribotyping. None of the cases were found to be due to cross infection. One MRSA bacteraemia was reported in February. This was reported as community onset healthcare associated (COHA), prior healthcare exposure was less than 24hrs in SAU. The source of bacteraemia was still under investigation. Discitis, infective endocarditis, meningitis have all been excluded. The patient is for further investigations as an outpatient. Two MSSA infections were reported in February; one HOHA and one COHA. The source of the HOHA infection was not identified. Infective endocarditis, osteomyelitis, cellulitis, prosthesis infection were excluded. The patient was successfully treated with antibiotics and remains an inpatient. The COHA case was assessed as unavoidable and possibly due to a CVC line.

Safety Events

A total of 1089 Datix reports were made. Following filtering of duplicates and Non-ESHT events, the total patient safety events attributed to ESHT for February 2024 were 838 which was a decrease from the previous month, as the numbers level from the seasonal period. 76% of patient events were no harm/near miss, which is above national average of 71%. The PSIRF Review Group continue to review template responses and qualitative data collection is ongoing to determine themes and trends, for first reporting anticipated in April 2024 to have a completed 4-month period at the end of March 2024. The top location remained as Patient's home, although this had decreased in the number reported.

Harms

Of the overall events for February 2024, 74% of these were no harm/near miss, compared to 76% in January 2024. Top location remains as patient's home, this decreased from the previous month. Falls have reduced from last month, 71.69% being no harm/near miss, with 1 moderate and 1 major harm; all have had SWARM reviews. Medication related events remains in the top three, there has been a decrease from 124 to 83, 83.13% of which were no harm/near miss. There were 112 Diagnosis & Diagnostic events, 2 were moderate and 2 were major harm. A thematic review is being undertaken by the PS Team.

Mortality

RAMI indices of mortality rolling 12 months remains better than peers positioned at 38 out of 122 Acute Peer Trusts. SHMI has increased slightly this month at 100.3 and is within the expected range. EDGH is showing an index of 99.8 and Conquest 101.2.

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Patient Experience

As a percentage of total PE feedback complaints and PALS concerns remain negligible The Trust received 36 new complaints. There were 4 complaints overdue at the end of February (the longest being 14 working days over), 3 complaints were reopened (unhappy with Trust response). The Trust received 5 contacts from the PHSO in February. 1 was where the PHSO are proceeding to a full investigation, 2 were initial enquiries and 2 were outcomes, where they had been closed by the PHSO with no further action taken. The positive FFT recommendation rates for February, when compared to the most recent data released by NHS England (December), show that ESHT continues to be higher than the national average, (excluding Emergency Departments).

Workforce

The number of additional beds for inpatient capacity continued to increase during February with the use of super surge beds, despite a continuing focus on discharge and our discharge ready / long stay patients. There are still significant numbers of patients whose primary need is psychosocial in our Emergency Departments (ED) and gateway/inpatient areas requiring specialist MH skills with some improvement in the movement of patients to an inpatient mental health unit. Some patients present with extremely challenging behaviour and are resistant to care and are often aggressive and/or violent. Ward staffing in February remained stretched to cover the additional requirements with community teams also under continued pressure. In all areas this is likely to have had an impact on key quality KPIs, access to training and at times staff wellbeing with sustained pressures. Focus continues regarding Healthroster compliance, use of temporary workforce, authorisation of additional shifts and supernumerary time with significant improvements noted regarding the use of additional shifts and roster effectiveness.

Safeguarding

Following collaborative piece of work with ED staff, digital and the Nerve centre configuration team, the rapid assessment screening tool has been embedded within Nerve centre as a mandatory risk assessment and went live on the 18th March. This will provide assurance that patient's accessing the Emergency Dept will be asked about domestic abuse and thus it starts to address the recommendations of recent Domestic Homicide Reviews. The aspiration is that this will be developed further to incorporate all systems.

A forum within which to discuss individual patients who abscond was launched on March 19th.

Within Children's safeguarding, a rapid review was completed as the request of the ESSCP and submitted to the case review panel and additionally a referral for another child was submitted.

Author(s)



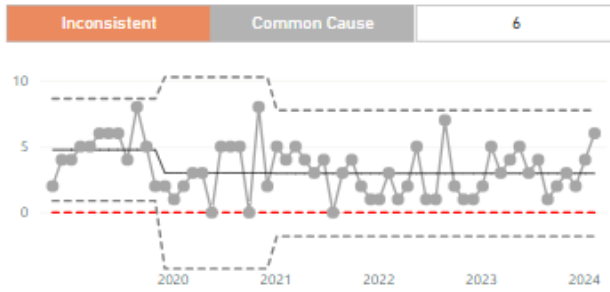
Vikki Carruth
Chief Nurse and Director of Infection Prevention & Control (DIPC)



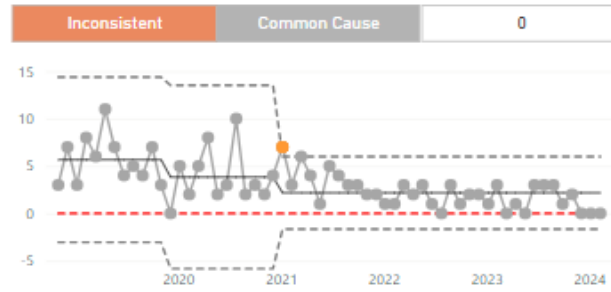
Simon Merritt
Chief Medical Officer

Quality and Safety Core Metrics

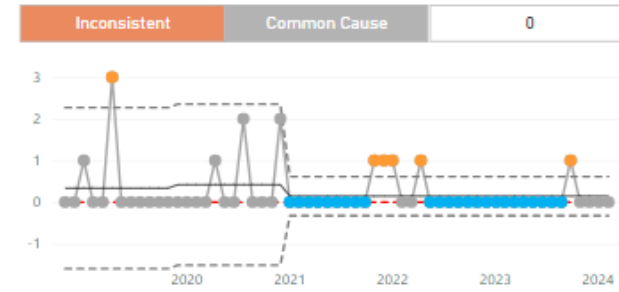
Patient Safety Incidents Causing Harm: Total, Safety



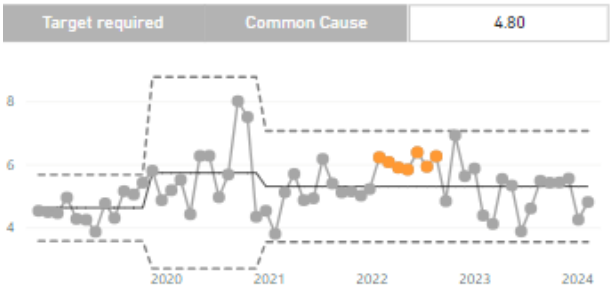
Serious Incidents: Total, Safety



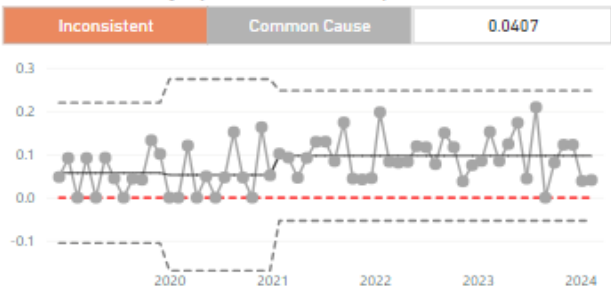
Never Events: Total, Safety



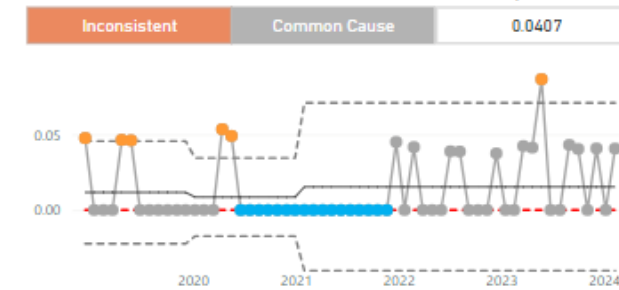
Inpatient Falls per 1,000 Bed days: Total, Safety



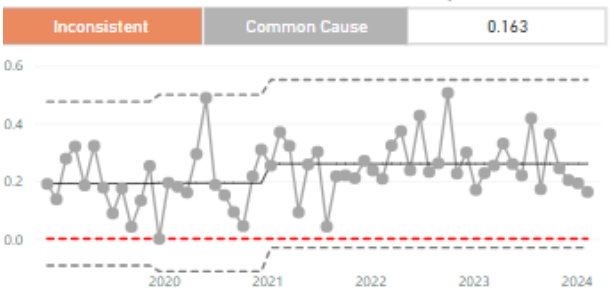
Number of Category 3 and 4 ESHT Acquired Pressure Ulcer...



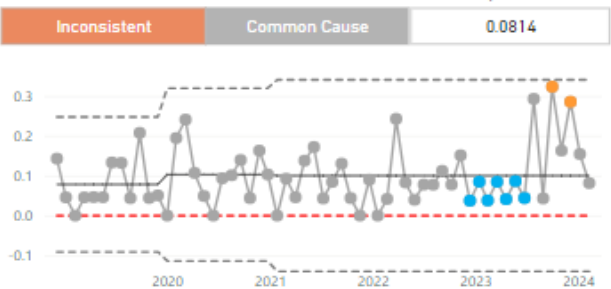
Healthcare Associated MRSA Bacteraemia (rate) per 1,000 ...



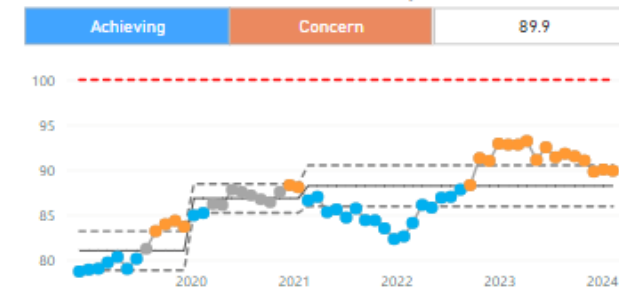
Healthcare Associated C Diff Infections (rate) per 1,000 Bed ...



Healthcare Associated MSSA Bacteraemia (rate) per 1,000 ...



RAMI: Total, Safety

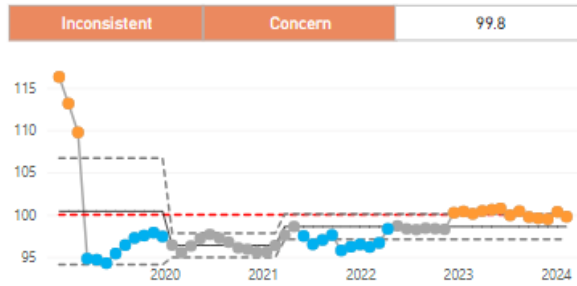


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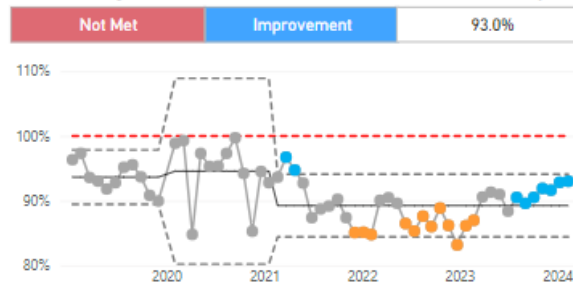
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Quality and Safety Core Metrics

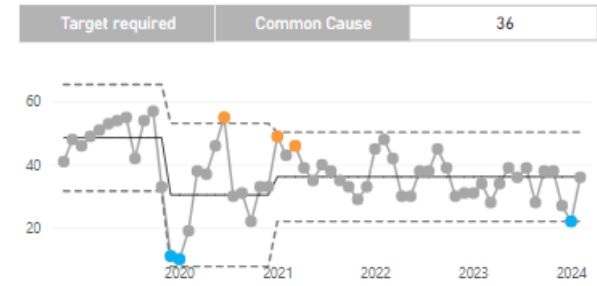
SHMI (NHS Digital monthly): Total, Safety



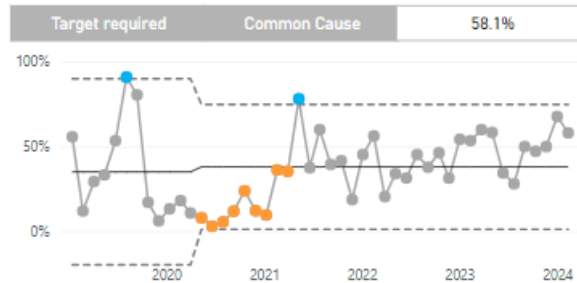
Nursing Fill Rate (IP - RN, RNA and HCA): Total, Safety



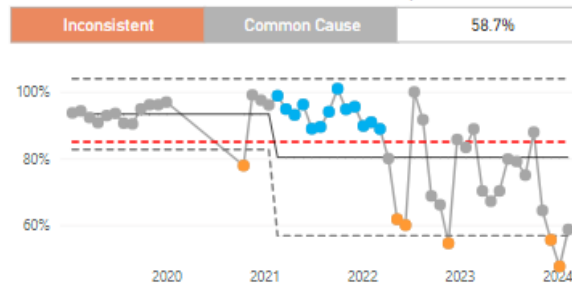
Complaints received: Total, Patient Experience



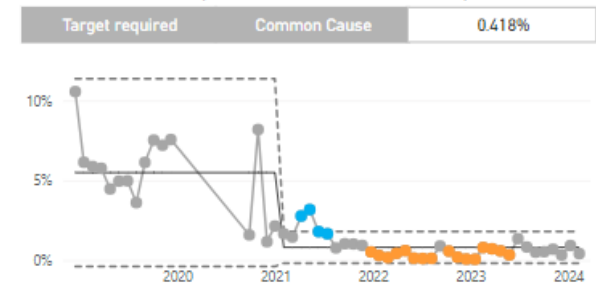
Complaints Response Compliance: Total, Patient Experience



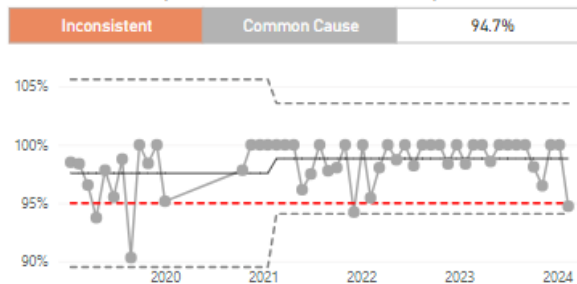
A&E FFT Score: Total, Patient Experience



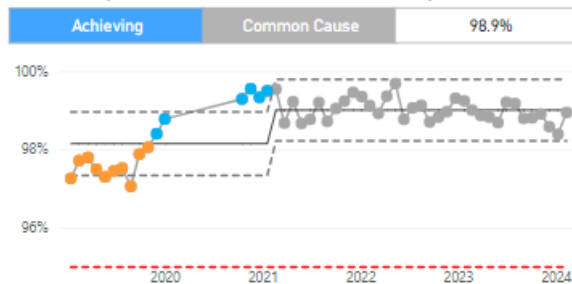
A&E FFT Response Rate: Total, Patient Experience



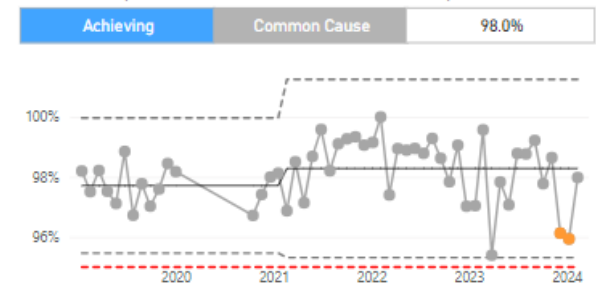
Maternity FFT Score: Total, Patient Experience



Inpatient FFT Score: Total, Patient Experience



Outpatient FFT Score: Total, Patient Experience



Title	Summary	Actions
Patient Safety Incident Response Framework (PSIRF)	<ul style="list-style-type: none"> Transition to PSIRF continues and the reduction in SI's and Ambers will be notable as they move forward to closure. Elements of reporting are emerging as the qualitative data is being collated, requiring a period of time to have elapsed to build themes and trends to report on. Reporting on Datix is challenging as the form has been extended nationally with multiple duplicate questions. It has been raised at PSQG for awareness, and we continue to raise with the national team alongside peers. Reporting has commenced on the use of PSIRF templates and there have been timelines provided to Divisions/Directorates for completion to ensure that momentum is maintained. The revised PSIRF Plan and Policy will be due for sharing with the ICB in April 2024. Further templates are being developed to bespoke to specific areas, i.e. maternity, IPC. The WPSS continues to be well attended and demonstrates the shift to PSIRF template use and learning outcomes focus. 	<ul style="list-style-type: none"> To continue to support learning re PSIRF templates and their application, moving to a bespoke approach facilitated by the expertise of the Patient Safety (PS) Team. Duty of Candour reporting has decreased, and the PS team are actively working with Divisions to improve this position. PSIRF Working Group will commence in April 2024, to launch phase 2 of the implementation plan. This will require the collaboration of colleagues across the Trust as the impact of PSIRF is far reaching and inclusive of all at ESHT.
Nursing & Midwifery Workforce	<ul style="list-style-type: none"> Additional super surge beds and significant numbers of patients requiring enhanced observation for cognitive impairment, high risk of falls or patients with challenging/violent behaviour during January resulted in ongoing additional staffing requirements via TWS. Ward nursing CHPPD overall was 8.5 for February (noting distortion by specialist areas) with 17 areas less than 8. Nursing fill rates for day shifts RN 88% and HCSW 87% and night shifts 102% for RN and 98% for HCSW, similar to last month. 	<ul style="list-style-type: none"> The Nursing Establishment Review (NER) report for 2023 was supported and approved by execs noting next data collection using new tool was completed in Feb. Work is progressing re pilot of MH outreach and enhanced training for staff. Nursing/Midwifery Roster compliance sessions continue with evidence of good controls and work in progress to support enhanced observations and requests for additional staff. Focus is now on use of temp staff as this has increased. Work on improving the education and career progression framework continues including restorative supervision and the reviewing the role of practice educators.
Inpatient Falls	<ul style="list-style-type: none"> Falls will continue to be a focus with PSIRF. The SWARM forms are being utilised and feedback is being collated by the PSIRF Review Group on their continued use and application. The reporting of falls continues to be discussed at the Falls Steering Group. There is acknowledgment that there is likelihood of falls, however the focus on reducing harm from falls is being highlighted, particularly in rehabilitation areas such as BIU. Ensuring early mobility for patients to reduce risk of deconditioning is key and falls prevention work needs to recognise this as key. 	<ul style="list-style-type: none"> There has been a recent deep dive in frailty and learning outcomes have been discussed with the Falls Steering Group with work ongoing. SWARM forms continue to be reviewed by the PSIRF review group and are bespoke as required. Also, review is identifying areas where further education and training may be needed. The QI Lead Nurse is working with ward areas and teams to close the loop in responding to the learning outcomes identified.
Patient Experience	<p>Reviewing the monthly risk rating of all complaints, most were 'moderate' in common with the general pattern</p> <p>2 high risk (December =2) where the action/omission by the Trust has placed a patient at risk of or suffered significant harm</p> <p>14 moderate risk (December =19) where aspects of clinical care appear suboptimal</p> <p>6 low risk (December =6) where clinical quality does not form part of the complaint</p> <p>Of the 22 complaints in January, 64% came from two categories:</p> <ul style="list-style-type: none"> Patient Care =8, Clinical Treatment =6 	<ul style="list-style-type: none"> The Patient Experience Team continue to work with divisions to help identify learning and actions from complaints, trends, and themes from all experience feedback received.
Pressure Damage	<ul style="list-style-type: none"> The rate of Cat 3 or 4 pressure damage reported remains within control limits. New national guidance related to pressure ulcers including their categorisation has now been published. Implementation of any changes is being reviewed by the PUSG and discussed with NHS Sussex. 	<ul style="list-style-type: none"> The Pressure Ulcer Steering Group (PUSG) are working with the Trust Patient Safety Lead, to implement PSIRF going forward. An action plan is underway to improve compliance to meet CQUIN 12 – Pressure Ulcer Prevention in line with NICE Guidance

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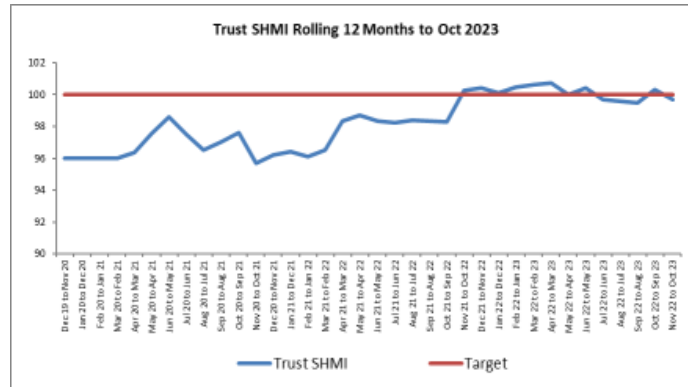
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Effective Care - Mortality

Why we measure Mortality – it’s used as an indicator of hospital quality in order to look for improvement in mortality rates over time, improve patient safety and reduce avoidable variation in care and outcomes.

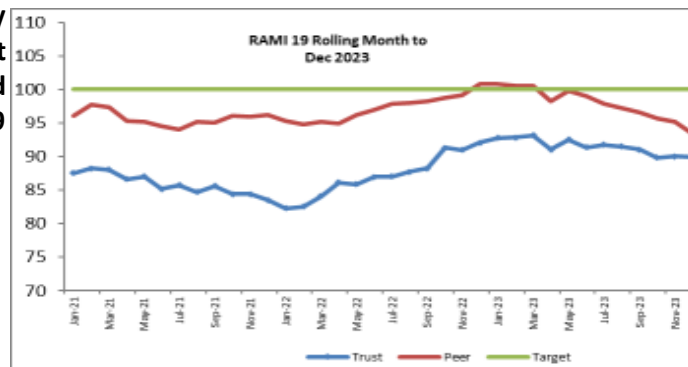
Summary Hospital Mortality Indicator (SHMI)

Ratio between the number of patients who die following hospitalisation and the number that would be expected to die on the basis of average England figures

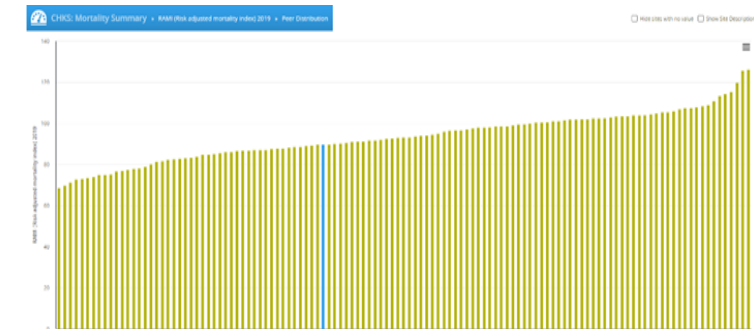


- SHMI – Nov 2022 to Oct 2023 is showing an index of 99.8 and is within the expected range. EDGH is showing 98.2 and Conquest is 101.8
- RAMI 19 – Jan 2023 to Dec 2023 (rolling 12 months) is 90 compared to 93 for the same period last year. Dec 2022 to Nov 2023 was also 90.
- RAMI 19 was 103.5 for the month of December only and 82 for November. Peer value was 127.5 for December only. The line graph below shows the rolling 12 month figure
- Crude mortality without confirmed or suspected covid-19 shows Jan 2023 to Dec 2023 at 1.53% compared to 1.65% for the same period last year.
- Consultant acknowledgement rates of the Medical Examiner reviews was 74% for December 2023 deaths compared to 56% for November 2023 deaths.

Risk Adjusted Mortality Index (RAMI) – without confirmed or suspected Covid-19



RAMI Peer Distribution without confirmed or suspected covid-19



This shows our position nationally against other acute trusts – currently 47/122

Effective Care – Mortality (continued)

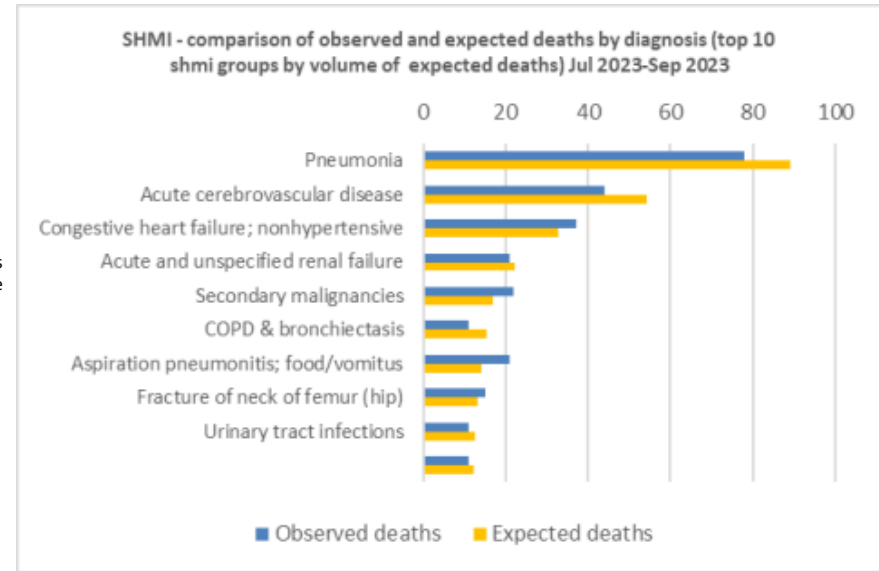
February 2024 Main Cause of In-Hospital Death Groups (ESHT)

Description	Deaths
Cancer	22
Pneumonia	18
Heart Failure	16
Community-acquired Pneumonia	15
Hospital-acquired Pneumonia	12
Sepsis/Septicaemia	11
Frailty of old age	10
Chronic Obstructive Pulmonary Disease (COPD)	9
Stroke	9
Dementia	6
COVID-19	4
Aspiration Pneumonia	3
Bowel Obstruction	2
Liver Disease	2
Urosepsis	2
Atrial Fibrillation (AF)	1
Bowel Perforation	1

There are:
42 cases which did not fall into these groups and have been entered as 'Other not specified'.

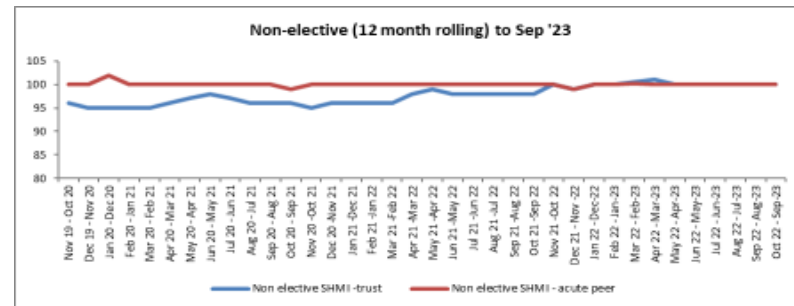
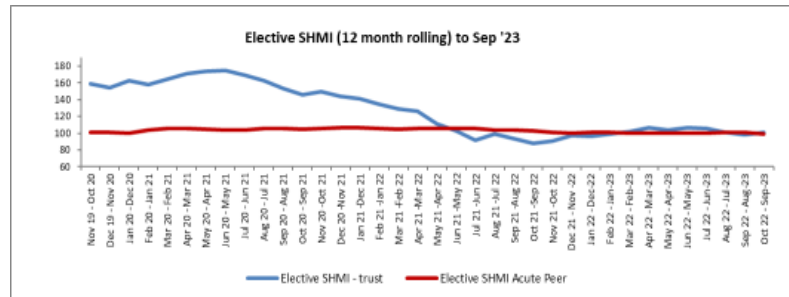
12 cases for which no CoD has been entered on the database and therefore no main cause of death group selected.

SHMI Diagnosis Main Groups



Summary Hospital Mortality Indicator (SHMI)

Elective and Non elective Inpatient Trends



Our People

Recruitment and retention
Staff turnover / sickness
Our quality workforce
What our staff are telling us?

**Safe patient care is
our highest priority**

Delivering high quality clinical services that achieve and demonstrate the best outcomes and provide excellent experience for patients

Our People | Executive Summary

Responsive Turnover has reduced by 0.3% to 9.9% (702.6 wte leavers in the last 12 months)
 Vacancy rate reduced by 1.5% to 4.6% (363.4 wtes)
 Monthly sickness reduced by 0.8% to 5.2%, Annual sickness was unchanged at 5.2%
 Mandatory Training rate increased by 0.5% to 90.2%
 Appraisal compliance increased by 0.5% to 83.5%.

Overview: The Turnover rate has reduced by 0.3% to 9.9% (702.6 wte leavers in the last 12 months). This is the lowest rate since May 21 when leaver rates were suppressed due to the pandemic. There were reductions in all staff groups except for Estates & Ancillary (up by 0.6% to 9.6%; 62.2 wte leavers) and Allied Health Professionals (AHPs) (up by 0.2% to 7.6%; 42.5 wte leavers). Medical & Dental turnover reduced by 1.2% to 10.9% (34.7 wte leavers), Registered Nursing & Midwifery turnover reduced by 0.3% to 8.8% (190.4 wte leavers), Additional Clinical Services turnover reduced by 0.3% to 11.5% (188.2 wte leavers) and Admin & Clerical turnover reduced by 0.6% to 11.1% (163.5 wte leavers).

The Trust vacancy rate has reduced again, for the eighth consecutive month, down by a further 1.5% to 4.6% (363.4 wte vacancies). The magnitude of the reduction this month is partly due to 71 wte budget wte cover for HCAs being moved from the substantive budgeted establishment to the bank budget (and thus removed from the vacancy calculation). This is because its inclusion in the substantive budget was leading to an artificially inflated vacancy position for HCAs, when there was insufficient demand to fill this gap. In other staff groups, vacancies fell for Medical & Dental staff by 0.8% (down by 6.3 wtes to 143.3), Registered Nursing & Midwifery staff by 1.2% (down by 28.1 wtes to 104.4) and for Admin & Clerical staff by 1.0% (down by 17.3 wtes to 106.6). AHP vacancies increased by 1.2% (up by 7.8 wtes to 73.6).

The monthly sickness rate reduced by 0.8% to 5.2%, whilst the annual sickness rate was unchanged at 5.2%. Wte days lost in month reduced by 2,449 in total, with the largest reduction for Chest & Respiratory illnesses, which reduced by 1,126 wte days lost. The highest identified reason for sickness remains Anxiety, Stress & Depression illnesses but this reduced by 57 wte days lost, the first reduction for three months.

The monthly training rate increased by 0.5% to 90.2%, exceeding the 90% target for the first time. All modules increased their compliance, with the exception of Induction and Moving & Handling which were unchanged (at 100% and 95.6%, respectively). Fire Safety increased by 0.5% to 87.8%, Infection Control increased by 0.6% to 88.8%, Information Governance increased by 0.8% to 86.3%, Health & Safety increased by 0.4% to 93.3%, Mental Capacity Act and Deprivation of Liberties training increased by 0.9% to 88.2% and Safeguarding increased by 0.7% to 86.4%. Medical and Dental compliance remains the lowest, though increased by 0.9% to 75.1%, despite the junior doctors' industrial action from 24 – 29 Feb.

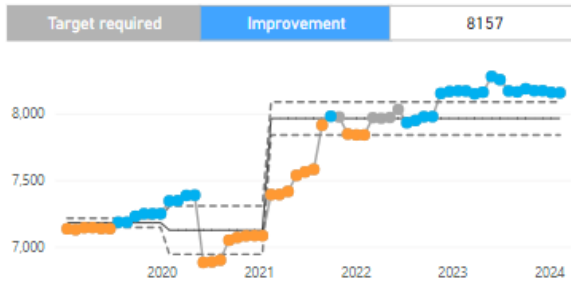
The appraisal rate increased by 0.5% to 83.5%. Medical & Dental compliance increased by 0.3% to 94.0%, Registered Nursing & Midwifery compliance increased by 0.7% to 83.0%, AHPs by 0.2% to 85.2% and Estates & Ancillary by 4.1% to 90.4%, Additional Clinical Services compliance reduced, however, by 0.3% to 82.2% and Admin & Clerical compliance also reduced by 0.5% to 79.6%.



Steve Aumayer
 Chief People Officer

Our People Core Metrics

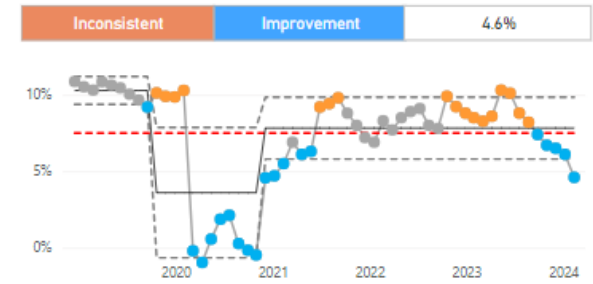
Establishment (WTE) All: Total, Our People



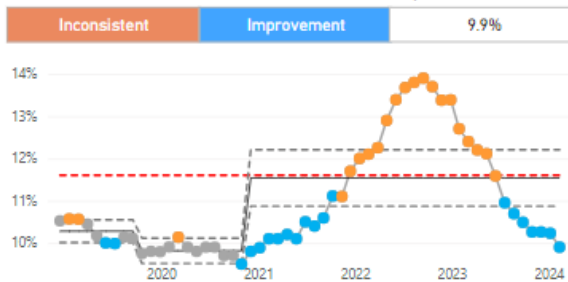
Agency Rate: Total, Our People



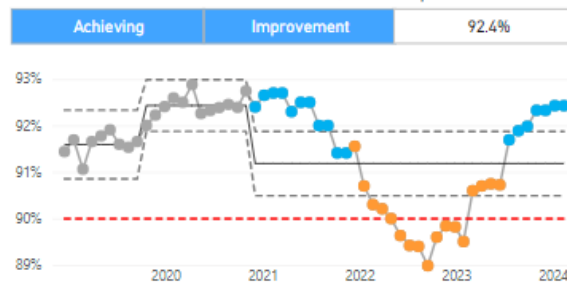
Vacancy Rate: Total, Our People



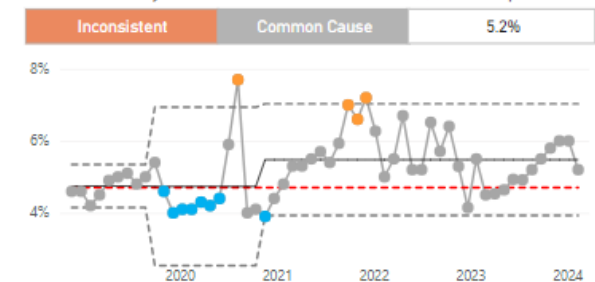
Staff Turnover: Total, Our People



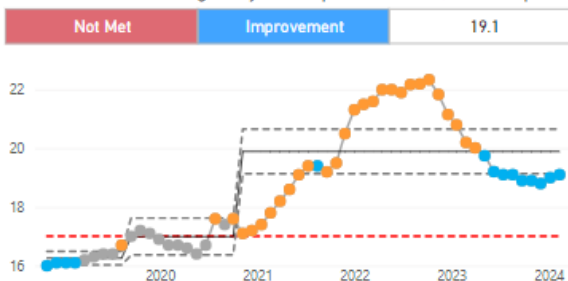
Retention Rate: Total, Our People



Monthly Sickness - Absence %: Total, Our People



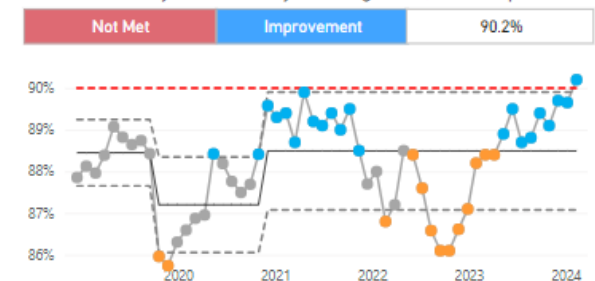
Sickness - Average Days Lost per Fte: Total, Our People



Staff Appraisals: Total, Our People



Statutory & Mandatory Training: Total, Our People



Our People | Areas of Focus



Title	Summary	Actions
Turnover & Retention	<p>Turnover rate continued to reduce, by a further 0.3% to 9.9%. It is well within the ICB target of 11.6%.</p> <p>Turnover is at its lowest level since Apr 21.</p>	<p>ESHT was successful in being included in the second wave of exemplar NHS sites for the People Promise and as a result a People Promise Manager will be recruited to ESHT for 12 months to accelerate progress on and guide retention and wellbeing workstreams. This will influence Retention & Wellbeing priorities for 2024/25.</p> <p>Delivered two Retirement Roadshows, partnering with SBS who provided a presentation, informal discussions and booked one to one appointments for colleagues to find out more about pension changes and retirement options. Well attended with good engagement and well received by colleagues.</p> <p>Following Flexible Working Big Conversations, the People Potential Manager is working with HR on the development of policy and guidance using participants of the event as a reference group to comment on documents.</p> <p>Continuing work with key stakeholders and engaging with international colleagues to make improvements to the experience of internationally recruited colleagues.</p> <p>Working with integrated education to explore options of offering group restorative supervision to health care support workers.</p>
Vacancy Rate	<p>Vacancy rate reduced by 1.5% to 4.6% (363.4 wte vacancies). Remains below target.</p> <p>Significant reduction this month, in part due to budget adjustment whereby budget cover of 71 wtes for HCAs was moved from the substantive to the bank budget (thereby removing it from the vacancy calculation). This was because it was leading to an artificially inflated vacancy position for HCAs, when there was insufficient demand to fill this gap.</p>	<p>Targeted campaign for Sonographers under way. Continued recruitment activity around Medics, AHPs as well as Estates & Facilities. Some success with difficult to recruit medical posts at Consultant level. Additional agencies engaged to assist with substantive recruitment. Meeting with TWS agencies to support AHP recruitment.</p> <p>Recruitment activity around branding and candidate experience underway to support Trust pipeline creation. Ongoing targeted campaign for Maternity recruitment and retention.</p> <p>Trust is the main sponsor for the Bexhill recruitment event, and social media activity and marketing now underway.</p>

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Our People | Areas of Focus

Our People

Title	Summary	Actions
Sickness	<p>Monthly sickness reduced by 0.8% to 5.2% whilst annual sickness was unchanged at 5.2%.</p> <p>Average sickness days per fte have increased slightly by 0.1 to 19.1.</p> <p>There was a significant reduction in seasonal illnesses in Feb with Chest & Respiratory illnesses reducing by 1,126 wte days lost and Cold/Cough/Flu reducing by 412 wte days lost</p>	<p>The launch of the revised Sickness Management procedure took place as planned on 1 Mar 2024. The response received to date has been positive with managers recognising the supportive approach for Long Term Sickness and underlying health conditions. Ongoing Q & A will be updated on a regular basis along with the proposed training. The HR Solutions Hub continue to provide specialist knowledge and support to the line managers during the transition to the new policy and to ensure staff are supported through the Trust process.</p> <p>HRBPs continue to monitor those areas with high sickness levels, triangulating data with appraisals and leaver information to ensure all appropriate actions are being considered to contribute to an improved working environment. This includes the cross referencing of bank utilisation to ensure dual contract working on the bank is not having a detrimental impact on colleagues health and wellbeing and reviewing of staff absence recorded against persistent short-term anxiety & stress to ensure work pressures are not the main contributory factor. Information to date indicates that this is, in the main, due to varying personal circumstances and situations.</p>
Statutory & Mandatory Training	<p>Trust compliance increased by 0.5% to 90.2%.</p>	<p>Focus remains on Junior doctor compliance. There also needs to be continued focus on Safeguarding L2/L3 (Think Family) where both online and face to face resources have been refreshed and relaunched.</p> <p>Oliver McGowan E-learning Programme launched end of Jan 2024 (covering autism and other learning disabilities). This is a CQC mandated requirement. Compliance is currently at 28.2% with over 2,600 staff having completed the e-learning module.</p>
Appraisal	<p>Compliance increased by 0.5% to 83.5%.</p>	<p>Education continue to provide support for departments which are low in compliance.</p>

Access and Responsiveness

Delivering the NHS Constitutional Standards

Urgent Care – Front Door

Urgent Care – Flow

Planned Care


Our Cancer services

We will operate efficiently & effectively

Diagnosing and treating our patients in a timely way that supports their return to health

Access and Responsiveness | Executive Summary

Access and Responsiveness

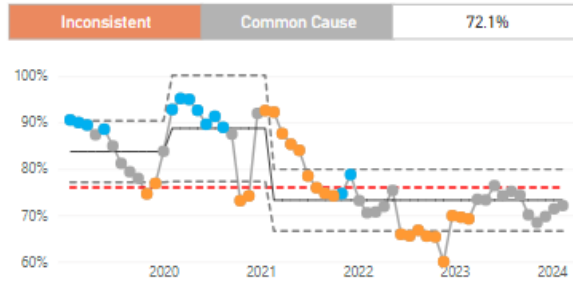
	Positives	Challenges & Risks	Author
Responsive	<p>Urgent Community Response (UCR) The UCR standard of 70% has been consistently achieved year to date, with >85% of patients seen within the 2-hour response window in Fe.</p> <p>Elective waiting list: Validation and increasing activity levels has supported a further decrease in the overall PTL size despite increasing referral numbers. The PTL reduced by 1606 in February from January.</p> <p>Cancer The Trust did not achieve the Faster Diagnosis Standard (FDS) in January, delivering 72.7% against the 75% standard. This is a slight reduction in the December performance of 73.9%. There is an ongoing focus on reducing the waiting time to first appointment to 7 days and on reducing diagnostic delays to support improvements in the delivery of the FDS standard and the Trust is anticipated an improved position in February.</p> <p>DMO1: DMO1 [performance improved significantly in February with DMO1 compliance reported at 89.22%, up from January's position of 81.16%.</p>	<p>4 Hour Emergency Access Clinical Standard Performance against the Emergency Access Clinical standard in February had improved from 71.4% in January to 72.1% February. Delivery was 1.9% percent away from our H2 planning trajectory of 74%. The Trust needed to treat and admit or treat and discharge 251 more patients within 4 hours to achieve the trajectory. We continue to work with system partners to reduce the number of patients who do not meet the criteria to reside and on implementing the actions contained within the Urgent and Emergency Care improvement plan to support delivery.</p> <p>Cancer Whilst the volume of patients in the Cancer PTL backlog (patients >62days) is below the planned the trajectory of 150 at the end of February 2024, with 100 patients >62days, the Trust has reported 54 >104 waits at the end of February (a reduction of 3 in month) against an internal trajectory of 27 and work is ongoing to ensure a reduction in our longest waits on a cancer pathway.</p>	 <p>Charlotte O'Brien Chief Operating Officer</p>
Actions:	<ul style="list-style-type: none"> Delivering on the agreed actions from the Urgent Care Improvement Plan to support delivery of the 76% Emergency Access Clinical Standard in March 2024. Focus on 28 day FDS achievement across all departments, reducing the 62-day backlog and eliminating 104 day waits. Delivering the revised trajectories for performance against the 4 hour clinical ED standard, number of 65 week waits, 62day Cancer backlog, and delivery against the Faster Diagnosis Standard that were reprofiled as part of the H2 planning response. 		

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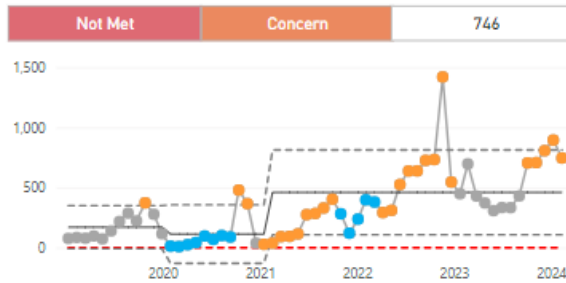
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Access and Responsiveness Core Metrics

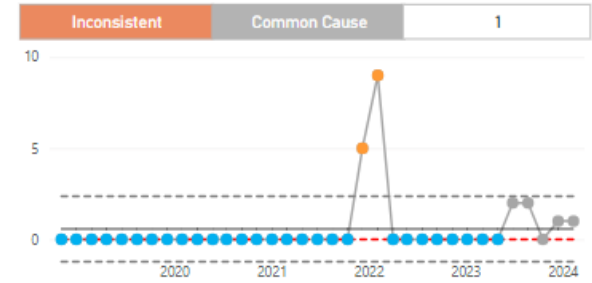
4 hour standard: Total, Our Performance



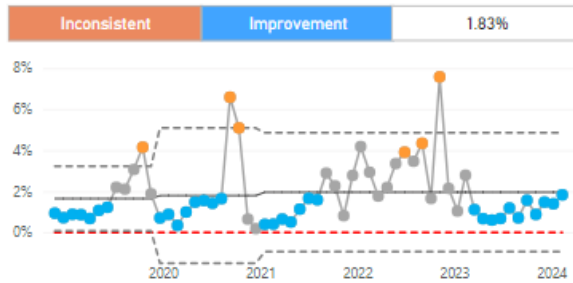
A&E > 12 hours from arrival to discharge: Total, Our Performance



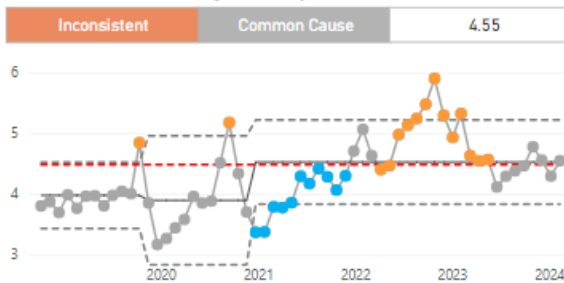
A&E waits over 12 hours from DTA: Total, Our Performance



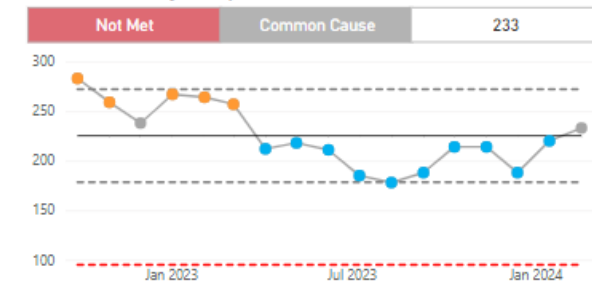
Conveyance handover > 60 mins: Total, Our Performance



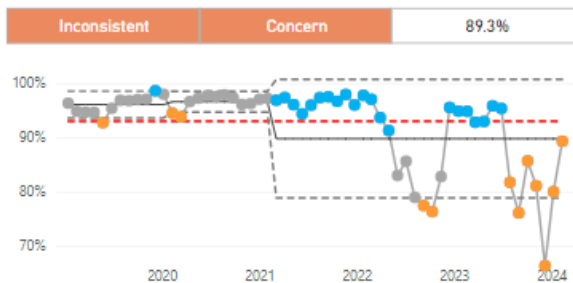
Non Elective Length of Stay: Total, Our Performance



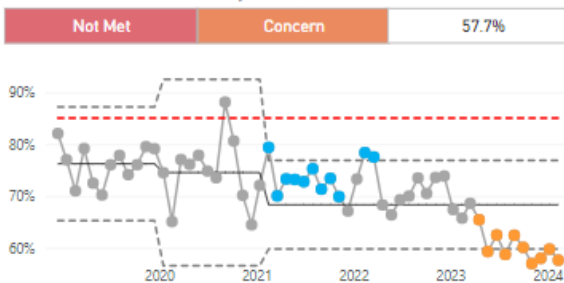
Average daily NCTR: Total, Our Performance



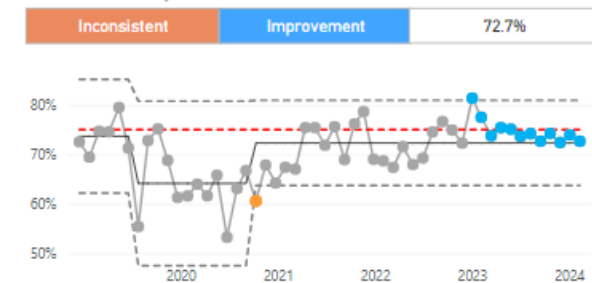
Cancer 2WW: Total, Our Performance



Cancer 62 Day: Total, Our Performance



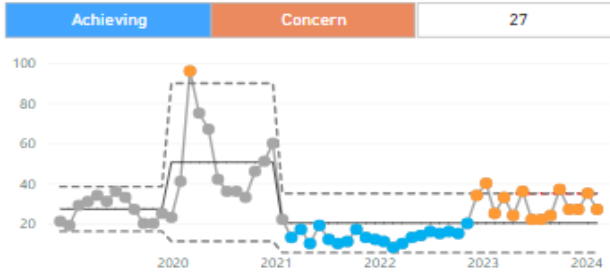
28 Day General FDS: Total, Our Performance



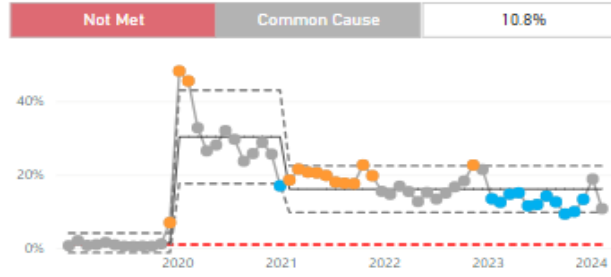
Access and Responsiveness Core Metrics

Access and Responsiveness

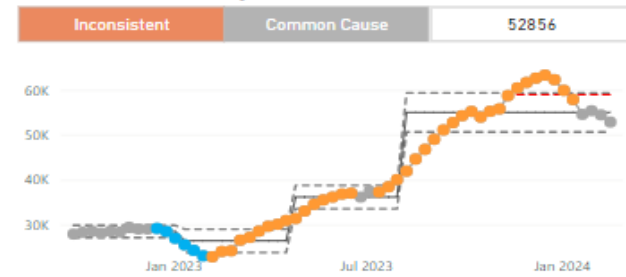
104 day Backlog: Total, Our Performance



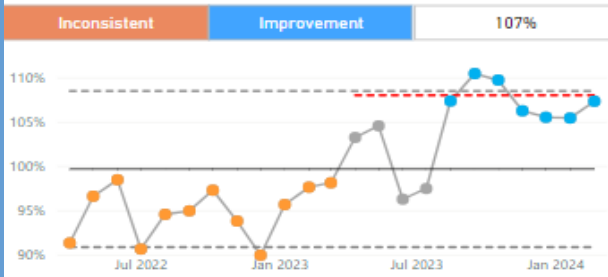
Diagnostic < 6 weeks: Total, Our Performance



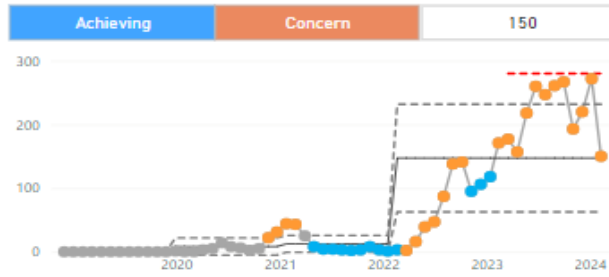
RTT Total Waiting List Size: Total, Our Performance



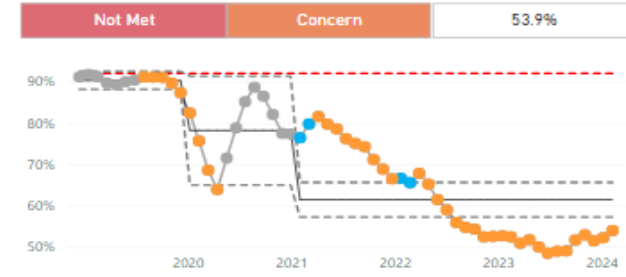
Elective Activity (ELIP,DC,OPFA, OPFUP Proc): Total, Our Perf...



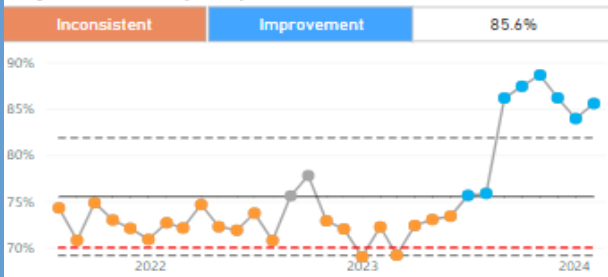
RTT 65 week wait: Total, Our Performance



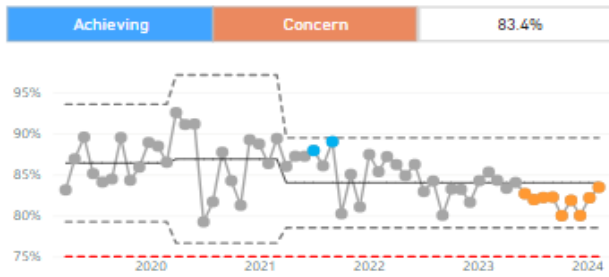
RTT under 18 weeks: Total, Our Performance



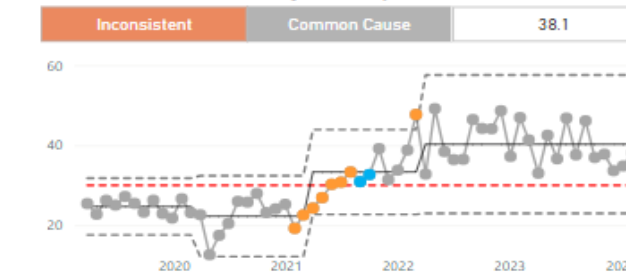
Urgent Community Response within 2 hours: Total, Our Perf...



CHIC wait times < 13 weeks: Total, Our Performance



Intermediate Care Length of Stay: Total, Our Performance



08/04/2024

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Access and Responsiveness | Areas of Focus

Title	Summary	Actions
Emergency Access Clinical Standard	76% patients should be seen and discharged, treated or admitted within 4 hours, the Trust achieved 72.1% against the standard in February 2024.	<ul style="list-style-type: none"> • Reduce overnight breaches with improved workforce controls and escalation processes both within Urgent Care and in-reaching and receiving specialties. • Ensure CDU capacity throughout day and night with focus on exit pathway escalations • Embedding of the introduced Major Ambulatory clinics in both EDs • Increase utilisation of UTC and streaming capacity across specialties • Reduce time to triage building on improvements seen in February
Patients in department over 12 hours from arrival to discharge	There was a reduction in number of patients waiting over 12 hours from arrival to discharge, reducing from 895 in January to 746 in February. There was one 12 hour DTA breach in February.	<ul style="list-style-type: none"> • Continued work with system partners around timely support for patients awaiting mental health review / assessment and or mental health bed. Ongoing focus on maintaining reductions in LOS and the number of NCTR patients in both the acute and community bed base to support flow out of ED for patients who require admission • Early escalation and actions to reduce risk
Conveyance Handover >60 mins	The percentage of conveyed patients handed over >60 mins was 1.83% which was a decline from January.	<ul style="list-style-type: none"> • Continue to work on key actions that will improve the efficiency of the handover process including optimising the Rapid Assessment and Triage model.
Non elective Length of Stay	The Trusts non-elective LOS increased slightly from 4.30 days in January to 4.55 days in February. It should be noted that despite this increase the Trust has been able to maintain the closure of a ward at EDGH.	<p>Areas of focus to support a reduction in LOS and the number of patients who do not meet the criteria to reside include (actions overseen by the Urgent Care Oversight Group):</p> <ul style="list-style-type: none"> • Embedding criteria led discharge and Board round standardisation • Increasing weekend discharges • Implementation of a control centre to oversee the management of both sites via a live bed state • Further development and recruitment to the TOCH • Organisational development to support creating a reconditioning culture • Increasing the provision of acute therapies resource and Home First capacity • Daily PO meetings led by the CNO and site specific NCTR multi-agency discharge meetings continue • Twice weekly enhanced NCTR meetings in place • Minerva capacity to enhance UCR in place until the end of March

Access and Responsiveness | Areas of Focus

Access and Responsiveness

Title	Summary	Actions
Cancer	<p>The number of patients waiting more than 62 days on a Cancer pathway reduced by 35 to 100 patients (versus a trajectory of 150) as at the end of February.</p> <p>The Trust reported 54 >104 waits at the end of February (a reduction of 3 in month) against an internal trajectory of 27. Long waiting patient delays relate to a variety of reasons, for example, complex pathways, diagnostic delays, tertiary centre referrals and patient choice delays.</p> <p>Performance against the Cancer Waiting Time Standards in January was 72.7% for FDS, 95.0% for 31 days 57.7% against the 62 Day standard. This includes referrals from all routes i.e. GP, Screening, Upgrades, Breast Symptomatic in line with the Cancer Waiting Times Guidance introduced in October 2023.</p> <p>The Trust continues to receive high number of suspected cancer referrals with week ending 11.02.24 receiving the highest number of USC referrals in one week (682).</p>	<ul style="list-style-type: none"> • Twice weekly PTLs in place to focus on reducing the number of patients in the >62 day backlog and to expedite patient pathways. • PTLs include 28 day FDS reviews to ensure timely patient communication. • Supporting plans including working with other providers to support the treatment of patients who have been waiting >104 days e.g. weekly meeting in place with GSTT. • Cancer Week in February focussed on accelerating all pathways including patient treatments to support recovery. • Weekly focus on patients waiting >104 days and patients approaching >104 days. • Regular Breach Analysis Reports circulated to identify bottlenecks in pathways. • Bids to the Surrey and Sussex Cancer Alliance prepared for submission for 24/25 to support improvement of pathways. • Successful 8 bids to SSCA to support WLI in Quarter 4.
Community Waiting Times	<p>Community Paediatrics: Outsourcing to an independent sector provider continues. Waits over 3 years have now been eliminated and the number of children waiting >104 weeks by March end is now 29 (compared to 209 in March 23).</p>	<p>Community Paediatrics:</p> <ul style="list-style-type: none"> • On going recruitment drive covering both clinical & admin roles in Community Paediatrics has been agreed and is in process. • Three doctors have been offered and accepted specialty doctor posts in Community Paediatrics and an applications received for substantive consultant post.

Access and Responsiveness | Areas of Focus

Title	Summary	Actions
<p>RTT long wait position (78 and 65 weeks)</p>	<p>In December, the trust submitted a trajectory to NHSE which delivers 101 65ww by the end of March 2024, however the ambition remains zero.</p> <p>In January, the trust reported 272 65ww against a trajectory of 298. There is high confidence that January's trajectory target of 298 65ww will be achieved, and that there will be zero 78ww.</p> <p>Whilst the February submission has not yet been published, The trust reported (as indicated on slide 22) :</p> <ul style="list-style-type: none"> • 52846 total WL (reduction of approx. 1606 from January) • 150 65ww against a trajectory of 203 • 53.9% 18-week performance (improved from 52.3% in January) <p>The Trust have reported a number of 78 week waits and one 104ww in February. These patients were identified following a validation exercise in January. These patients were on Non-RTT pathways but not added to admitted WL at the time, which has delayed treatment. The Trust has been proactive in addressing the issue and is confident that all patients have been identified and that no harm has come to them as a result of the long wait for treatment. The Trust is not anticipating reporting any >78 week waits in March.</p> <p>The trust ambition is to achieve zero 65ww by the end of March and we are confident that the external trajectory of 101 62 week breaches by the end of March will be comfortably met and the latest PTL (unvalidated) show the 65ww risk cohort at 90 against an end of week (24/03/24) target of 109. This is predominantly due to positive variances in Neurology and Vascular Surgery trajectories.</p>	<ul style="list-style-type: none"> • Insourcing/Outsourcing in place within challenged specialties, including Neurology and Vascular • Exploring insourcing/Outsourcing in ENT and Urology • Continued focus on validation and pathway management ensuring a more accurate PTL, and support the development of modernised pathways, training and better use of digital technology. • Comprehensive review of 1.2k long wait patients identified as part of validation exercise (see SBAR) • RTT training to support PTL management • Additional grip and control for long waits, including specialty level trajectories with enhanced PTL output and management. • 3x Week DCOO led review of all >65-week risks. • Daily monitoring of the longest waiting patients to ensure pathways are progressing. • Utilisation of SPH where possible to support long wait position. • Exploring mutual aid, both via the ICS and the Digital Mutual Aid System, including PIDMAS. • Increasing FOPA attendances. • The trust is being asked to work with system partners to support a reduction in 65-week waits in other key specialties including Cardiology. • Protection of long wait patients during IA • Internal comms reinforcing escalation process for cancellations on the day, to ensure routine cancellations signed off by Divisional Directorate and Urgent signed off by DCOO/COO

Access and Responsiveness | Areas of Focus

Access and Responsiveness

Title	Summary	Actions
RTT Total Waiting List Size	<p>The overall waiting list for elective care has decreased by 16.5% since reaching its peak in July 2023 of 63301 patients. In January the Trust had 54462 patients on the PTL, a reduction of 922 from the previous month. The February submission (unpublished) shows an in month reduction of 4% with a reported total PTL of 52856.</p> <p>Whilst the volume of patients on a referral-to-treatment (RTT) pathway continues to be significantly higher than 19/20, the impact of the targeted technical validation; increased activity and pathway changes have all contributed to the waiting list reduction.</p> <p>National RTT position has improved for the fourth consecutive month, up from 52.2% to 53.9%.</p>	<ul style="list-style-type: none"> • Review of insourcing in a range of specialities to support a reduction in waiting times for patients on a RTT pathway. • Continued focus on validation and pathway management to ensure a more accurate PTL, and support the development of modernised pathways, training and better use of digital technology. • RTT refresher training to support pathway management • Target validation at key milestones.
Elective Activity	<p>In February, the Trust delivered 108% of 2019/20 baseline activity levels (all PODS). First Outpatient Appointment activity continues to exceed 108% and The Trust is also seeing significant improvements in Theatre productivity. The Trust recognises that further work is required to reduce non-value weighted FU activity.</p>	<ul style="list-style-type: none"> • Outpatient productivity programme underway • Theatre productivity programme in place. • Review of pre-assessment capacity to support theatre utilisation. • Continued and improved utilisation of the Care Coordination Service to support more efficient waiting list management and improve utilisation. • Review of counting and coding to ensure accurate capture of activity.
Diagnostic DMO1	<p>DMO1 compliance for February was reported at 89.22%, an 8% increase from January's compliance of 81.16%. This shows a strong recovery since the 413 overdue Echo surveillance patients were added into both the waiting list and breach numbers. Echo breaches have reduced from 436 to 218 for Feb.</p> <p>In month improvements were also seen in Audiology (109 breaches down from 258 in Jan). Endoscopy remained compliant at over 95%.</p> <p>Radiology saw improvement in both CT and MRI as recovery plans saw more patients come through. NOUS however saw a sharp growth in waiting list size (>800) and breach numbers (>150) but still managed excellent performance of 94% compliance. This was due to recruitment and retention challenges.</p>	<ul style="list-style-type: none"> • Review of booking arrangements in NOUS ensure all lists are fully utilised. • Plans ongoing to meet full 95%+ DM01 compliance by end of April 24 for cardiac echo. • Additional capacity in place for Audiology through ad hoc lists and support from Action For Deafness who are taking 200 referrals with the ICB supporting with funding. • MRI scanner moving full time to Bexhill CDC 7 days a week from April. • Awaiting final planning guidance but will aim to meet 95% compliance early to aid cancer recovery, RTT and patient experience.

08/04/2024

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Financial Control and Capital Development

Our Income and Expenditure


Our Elective Recovery

Our Run Rate

Efficiency

Capital

We will use our resources economically, efficiently and effectively
Ensuring our services are financially sustainable for the benefit of our patients and their care

	Positives	Challenges & Risks	Author
Responsive	<ul style="list-style-type: none"> In month improved from a £5,132k deficit to a £4,913k deficit, this was driven by industrial action costs ERF slightly underperformed in month with actual of £8,577k compared to plan of £8,912k. Efficiency improved from £2,451k to £3,005k Capital spend is £20,452k behind plan 	<p>Risk analysis shows a potential range from £7.0m deficit position for the downside to a £5.4m deficit against the base case, this is a slight change since M10. This accounts for IA in Feb and further associated funding received.</p>	 <p>Damian Reid Chief Financial Officer</p>
Overview:	<p>I&E: M11 is a surplus of £0.2m taking the YTD to a deficit of £4.9m. This was driven by IA funding received in month of £1.9m alongside £1.3m of other income increases for C&V drugs, Devices and SPH. This offset increased pay/non pay pressures from IA. Prudent accrual review in M11 also benefitted the position by £1.5m. Pay run rate was higher in month versus M10 due to IA causing a budget variance of (£1.9m).</p> <p>Run rate: The underlying run rate has improved from the prior month at £1.6m deficit in month (down from £1.8m). To breakeven, the run rate needs to reduce by £4.9m in Month 12, a straight-line forecast would therefore suggest a forecast deficit of £6.4m compared to revised forecast of £5.3m – however we expect industrial action costs to reduce plus a review of all accruals for year end.</p> <p>Efficiency: The Divisions have delivered £25.4m efficiency YTD against the plan of £29.3m resulting in £3.9m adverse position. This is largely associated with the ERF delivery and LoS this is offset by vacancy slippage. The RAG is amber due to 50% of the YTD actual being non-recurrent and there is slippage in ERF delivery of £2.7m which is being offset by vacancy slippage.</p> <p>Capital: Total plan for 2023/24 is £64.8m. The capital plan is backloaded and expenditure is behind plan at M11 by £20.5m. FOT is a £3.8m underspend however mitigations are in place and project lead expectation is that the allocation will be met.</p>		

Executive Summary

£m	RAG	YTD Plan	YTD actual	Var F/(A)	Commentary
Surplus/deficit	A	0.0	(4.9)	(4.9)	<ul style="list-style-type: none"> M11 is a surplus of £0.2m taking the YTD to a deficit of £4.9m. This was driven by IA funding received in month of £1.9m alongside £1.3m of other income increases for C&V drugs, Devices and SPH. This offset increased pay/non pay pressures from IA. Prudent accrual review in M11 also benefitted the position by £1.5m. Pay run rate was higher in month versus M10 due to IA causing a budget variance of (£1.9m).
Income	G	592.8	604.6	11.8	<ul style="list-style-type: none"> Income is £11.8m surplus to plan YTD driven by underperformance against elective activity targets of £0.4m and Pay award shortfall of £2.2m, offset by the IA and deficit funding received of £10.4m and cost and volume Drugs/Devices £2.9m.
ERF activity	G	94.6	91.8	(2.8)	<ul style="list-style-type: none"> ERF is under plan by £2.8m YTD prior to adjustments. With the baseline change and SPH activity this is an overperformance of £1.5m
Pay	A	(399.5)	(405.5)	(6.0)	<ul style="list-style-type: none"> Pay cost is (£6.0m) overspent ytd driven by Industrial Action cover costs at £4m ytd alongside premium costs in Urgent Care/Med/DAS, offset by vacancies ytd and reserves released of £1.0m. M11 saw a run rate remain steady for Permanent/Agency/Bank, aside from Industrial Actions costs (funding received). The Trust is using 5% more contracted staff than in 22/23 month 11.
Non-pay	R	(193.2)	(203.9)	(10.7)	<ul style="list-style-type: none"> Non-pay costs adverse to plan ytd, with LA supported funding partly offsetting high non pay spend across most Divisions in month, a continuing trend M6-11. Overall LA funding support ytd of £2.4m offsetting pressures in Med/UC/Theatres alongside inflationary pressures Trust Wide of £9.5m and Drugs £3.5m. In Mth 11 a prudent review of accrual released £1.5m credit back to non pay.
Efficiency	A	29.3	25.4	(3.9)	<ul style="list-style-type: none"> The Divisions have delivered £25.4m efficiency YTD against the plan of £29.3m resulting in £3.9m adverse position. This is largely associated with the ERF delivery and LoS this is offset by vacancy slippage. The RAG is amber due to 50% of the YTD actual being non-recurrent and there is slippage in ERF delivery of £2.7m which is being offset by vacancy slippage.
Capital	A	49.5	29.0	20.5	<ul style="list-style-type: none"> Total plan for 2023/24 is £64.8m. The capital plan is backloaded and expenditure is behind plan at M11 by £20.5m. FOT is a £3.8m underspend however mitigations are in place and project lead expectation is that the allocation will be met.
Risk	R	n/a	n/a	n/a	<ul style="list-style-type: none"> Risk analysis shows a potential range from £7.0m deficit position for the downside to a £5.4m deficit against the base case, this is a slight change since M10 due to IA funding received in M11. The forecast assumes no further industrial action M12. FOT agreed with ICB at £5.4m overspent.

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Executive Summary

Trust I&E position

	Month (£'000)			YTD (£'000)		
	Plan	Act	Var	Plan	Act	Var
Income						
Contract income	45,389	47,857	2,468	510,787	520,042	9,256
Divisional	6,997	7,598	601	75,434	75,410	(24)
ERF	578	669	91	6,342	8,666	2,324
Covid - variable	20	211	191	216	406	190
Total Income	52,984	56,335	3,351	592,779	604,524	11,745

Operating Expense

Pay

Permanent	(35,323)	(32,491)	2,832	(392,747)	(353,829)	38,918
Temporary	(684)	(5,484)	(4,800)	(6,645)	(51,601)	(44,956)
Total pay	(36,007)	(37,975)	(1,968)	(399,392)	(405,430)	(6,038)

Non-pay

Drugs	(1,129)	(1,219)	(91)	(12,340)	(14,830)	(2,490)
TEDD	(3,477)	(3,851)	(374)	(38,269)	(42,476)	(4,207)
Clinical supplies	(3,956)	(4,264)	(308)	(47,390)	(48,870)	(1,480)
Purchased services	(921)	(1,087)	(166)	(12,597)	(13,359)	(762)
Finance costs	(2,498)	(2,604)	(106)	(27,479)	(27,591)	(113)
Other	(4,997)	(5,110)	(113)	(55,124)	(56,534)	(1,410)
Total non-pay	(16,977)	(18,135)	(1,158)	(193,198)	(203,660)	(10,461)

Covid exp - block	-	(12)	(12)	-	(158)	(158)
Covid exp - variable	(17)	(18)	(1)	(183)	(189)	(7)
Total Expense	(53,001)	(56,139)	(3,138)	(592,773)	(609,437)	(16,664)

Surplus/(Deficit)	(17)	195	212	7	(4,913)	(4,920)
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Memo:

WTE (worked)	8,154	8,333	179	8,212	8,057	(155)
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I&E position

- M11 is a surplus of £0.2m taking the YTD to a deficit of £4.9m. This is driven by continuing non pay pressures due to inflationary pressures offset by a £1.5m prudent accrual release in month. and drugs activity, higher pay trends still and cost accounted for against the industrial action of £1.8m in month. Pay and non-pay both materially overspent in month. ERF performance was good despite industrial action while other income benefitted the underlying position alongside £1.9m IA funding received.

Income

- The position is surplus by (£11.8m) ytd, the main drivers being:
 - Industrial Action and deficit funding of £10.4m received in Month 9 and 11.
 - C&V Drugs £1.3m
 - Overperformance of elective against baseline of £1.6m. This is comprised of underperformance of main services (£2.8m) offset by baseline adjustment of £2.0m and SPH of £2.4m which is not included in the baseline.
 - Note that the Doctors' strike days would have contributed in part to this in April (15% of working days impacted), June (16%), July (16% Junior plus Consultant days) Aug (16%) Sept (15%) Oct (15%) Dec (13%) Jan (23%) and Feb (22%).
 - Pay Award income shortfall (offsetting pay variance) of £2.2m YTD.

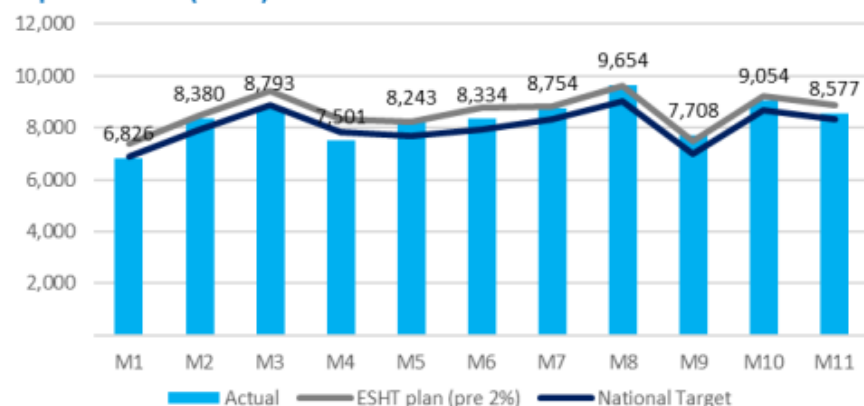
Expense

- The Trust has a (£6.0m) adverse pay position YTD. In February Permanent/Agency/Bank costs were similar to Jan across all Divisions aside from an increase in WLI's back to December levels and IA costs of £0.8m, budget variance was (£1.9m). Temporary and premium staffing costs in Urgent Care and DAS plus Industrial Action cover costs of £3.2m ytd. Offset by CDC and VW vacancies alongside reserves release of £1.0m.
- All pay awards now processed for 23-24. An overall shortfall of commissioner income of £2.3m FYE, but partly offset by vacancy.
- Use of temporary staff at higher unit cost partially offset by WTE usage below budget but still overspent.
- Month 11 Non pay was £1.1m overspent of which continuing pressures against Theatres, Core and Medicine plus other pressures, so six months of higher spend. IA costs of £1.0m also reflected in NP for M11, but a prudent accrual release of £1.5m did benefit the position. Overall overspend M1-11 of £10.7m is supported by reserves of £2.3m.

ERF performance

- Prior to adjustments, the Trust underperformed its internal plan by £0.3m in month, taking the total underperformance to £2.8m.
- Post adjustments the Trust overperformed against its plan by £0.1m in month and £2.3m YTD based on initial data. The includes the 4% national reduction to the ERF target and the recording of SPH against ERF income.
- T&O represents the majority of the underperformance (albeit performed well in month), with Cardiology also exhibiting a material adverse variance.

ERF performance (£'000)



	In Month			YTD		
	Plan	Actual	Var	Plan	Actual	Var
	£'000	£'000	£'000	£'000	£'000	£'000
Cardiology Service	782	654	(129)	7,897	6,575	(1,322)
Clinical Oncology Service	169	41	(128)	1,909	1,240	(669)
General Surgery Service	907	790	(117)	9,891	10,011	119
Maxillofacial Surgery Service	191	116	(75)	1,846	1,429	(417)
Interventional Radiology Service	62	-	(62)	727	341	(386)
Clinical Haematology Service	218	156	(62)	2,569	2,374	(195)
Ophthalmology Service	1,153	1,096	(57)	11,349	13,051	1,702
Respiratory Medicine Service	191	150	(41)	2,021	1,453	(568)
Gynaecology Service	535	499	(36)	5,876	5,898	23
Orthodontic Service	65	31	(34)	637	299	(339)
Vascular Surgery Service	78	51	(27)	684	456	(229)
Paediatric Trauma and Orthop	24	4	(20)	24	57	33
Chemical Pathology Service	18	6	(12)	157	133	(24)
Paediatric Service	154	143	(10)	1,607	1,795	188
Trust	7	-	(7)	77	-	(77)
Transient Ischaemic Attack Se	44	39	(4)	512	425	(87)
Paediatric Surgery Service	8	4	(4)	105	89	(16)
Paediatric Epilepsy Service	5	3	(3)	40	52	12
Plastic Surgery Service	-	-	-	-	6	6
Hepatology Service	-	-	-	-	3	3
Diagnostic Imaging Service	-	0	0	-	52	52
BCSP	33	33	1	263	388	125
Palliative Medicine Service	-	1	1	2	10	8
Cardiac Rehabilitation Service	-	2	2	-	7	7
Stroke Medicine Service	8	10	2	70	57	(13)
Neurology Service	110	113	2	1,345	1,363	18
Endocrinology Service	59	62	3	529	580	52
Paediatric Dermatology Service	-	5	5	-	61	61
Elderly Medicine Service	17	23	5	287	293	6
Anaesthetic Service	8	15	8	104	120	16
Ear Nose and Throat Service	351	364	13	4,155	3,531	(624)
Gastroenterology Service	542	559	17	5,686	5,644	(41)
Diabetes Service	10	33	23	88	167	79
Rheumatology Service	224	256	32	2,472	2,570	98
Breast Surgery Service	225	260	36	2,299	2,345	47
Respiratory Physiology Service	53	89	36	554	515	(40)
Dermatology Service	210	249	38	2,199	2,561	363
Urology Service	862	904	42	8,539	8,972	432
General Internal Medicine Ser	13	56	43	199	368	169
Acute Internal Medicine Service	-	60	60	-	578	578
Trauma and Orthopaedic Servi	1,574	1,698	124	17,920	15,955	(1,964)
Sub total	8,912	8,577	(336)	94,638	91,823	(2,815)

	In Month				YTD			
	Plan	Actual	Var		Plan	Actual	Var	
	£'000	£'000	£'000	%	£'000	£'000	£'000	%
Daycase	3,175	3,215	40	1.3%	33,629	33,480	(149)	(0.4%)
Elective	2,141	1,900	(242)	(11.3%)	23,390	19,460	(3,930)	(16.8%)
New OP	1,698	1,671	(27)	(1.6%)	17,938	17,808	(130)	(0.7%)
OP Procedures	1,823	1,631	(192)	(10.6%)	18,893	18,868	(24)	(0.1%)
Ward Attenders	75	118	42	56.2%	789	1,545	756	95.9%
ERS	-	43	43	-	-	662	662	-
Internal plan	8,912	8,577	(336)	(3.8%)	94,638	91,823	(2,815)	(3.0%)
Baseline Adj	(47)	-	47	-	(2,058)	-	2,058	-
Prior period catch-up	-	89	89	-	-	-	-	-
SPH	-	291	291	-	-	3,081	3,081	-
I&E impact	8,865	8,957	91	1.0%	92,580	94,904	2,324	2.5%

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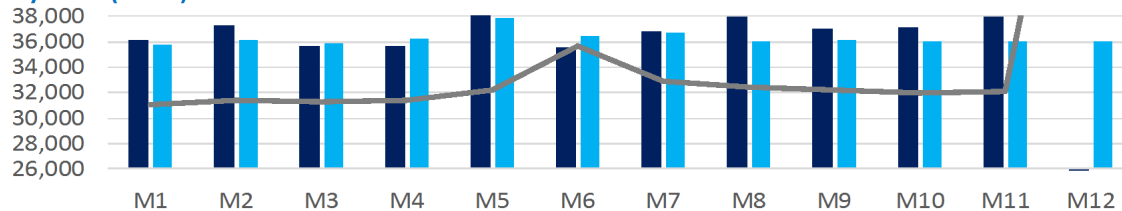
Pay Costs

Pay analysis

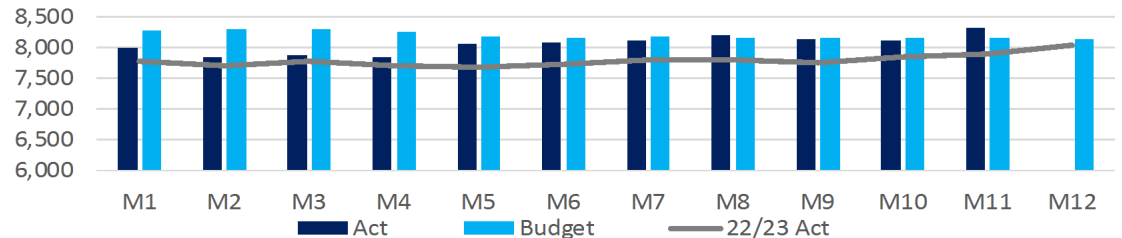
All staff	Pay costs (£'000) - In Month					WTE				
	Act	Var	PY	YTD var	YTD ave	Act	Var	PY	YTD var	YTD Ave
Medical	(9,039)	(1,414)	(9,000)	(6,552)	(8,591)	916	49	835	12	876
Nursing	(15,411)	(907)	(14,130)	(2,401)	(14,755)	3,940	80	3,739	(81)	3,755
AHP	(4,969)	471	(4,471)	5,045	(4,898)	1,263	(95)	1,141	(121)	1,222
Admin	(4,184)	300	(3,844)	2,347	(4,197)	1,369	(83)	1,315	(86)	1,361
Other	(4,371)	(418)	(1,530)	(4,477)	(4,416)	845	227	828	121	843
Total	(37,975)	(1,968)	(32,974)	(6,038)	(36,857)	8,333	179	7,858	(155)	8,057

Temporary	Pay costs (£'000)					WTE				
	Dec	Jan	Feb	PY	YTD	Dec	Jan	Feb	PY	YTD Ave
Bank	(1,921)	(1,962)	(2,388)	(1,893)	(21,897)	448	479	606	577	501
Medical	(323)	(361)	(443)	(440)	(3,868)	25	24	30	31	25
Nursing	(395)	(524)	(522)	(319)	(4,468)	63	61	64	67	62
AHP	(111)	(110)	(113)	(91)	(1,678)	16	20	20	20	23
Admin	(102)	(101)	(95)	(40)	(1,209)	7	7	7	2	6
Other	-	-	-	-	-	-	-	-	-	-
Agencv	(930)	(1,095)	(1,173)	(889)	(11,224)	110	112	120	120	116
Locum	(1,282)	(1,125)	(1,515)	(1,023)	(14,587)	102	97	126	72	106
WLI	(470)	(263)	(408)	(273)	(3,865)	42	19	42	32	38
Total Temp	(4,603)	(4,445)	(5,484)	(4,078)	(51,573)	703	708	895	801	761

Pay Costs (£'000)



WTEs



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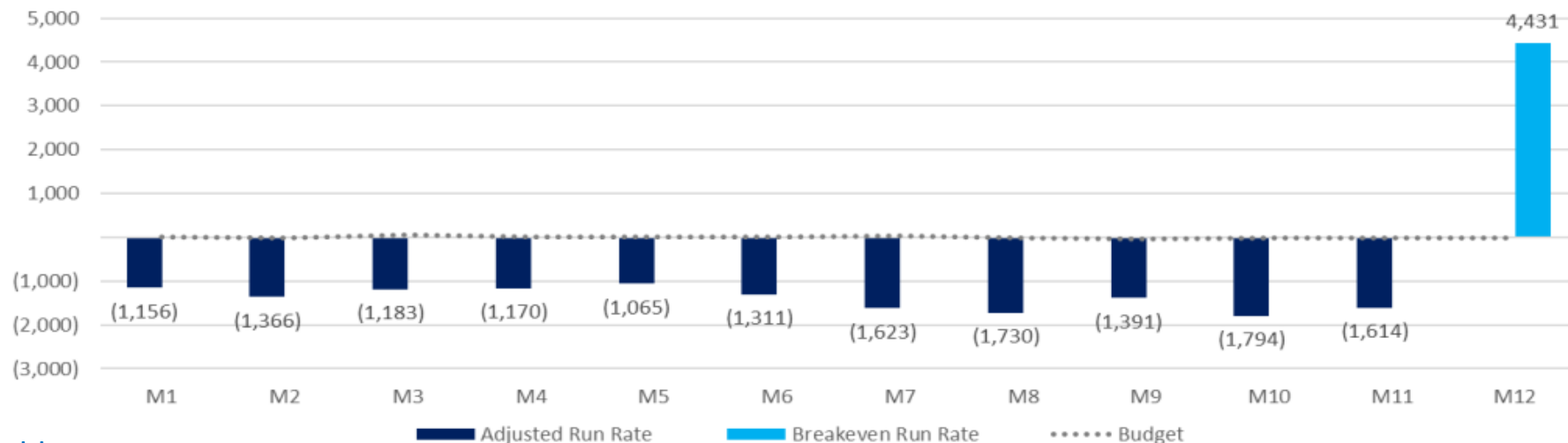
Pay analysis

- M11 pay costs are higher than budget due to increased perm/Agency and Bank across the Trust. Partially offset by released reserves, vacancies within CDC and VW (income funded schemes). IA £0.8m in month.
- Overall the in month spend of £38m is £5m higher than 22-23 comparator due to investment in Urgent Care, CDC and Virtual Ward, aligned with material central changes being smoothed over the 23-24 year. Plus IA impact.
- AFC Pay Award for 23-24 was processed in month 3. Overall increase in budget of £17.2m. Potential income shortfall of approx. £2m fye.
- M&D Pay Award processed M7, increase to budget of £6m. Income shortfall approx. £0.3m fye.
- Nursing & Medical staffing groups are over spending, mainly linked to Medicine/UC/DAS.
- Nursing spending is impacted by the continuation of escalation wards (extra beds above funded) and supernumerary double running costs.
- Whilst WTEs are below budget, cost are above. This is driven by use of temporary workforce which is more expensive, especially in Urgent Care for Senior Medical posts.
- YTD Industrial action cover costs of £3.2m in spend.

PY comparison

- Pay (£) is overall is above the 22/23 comparator as described above.
- Pay WTE is higher than the prior year comparator aligned to the investments above.
- Pay WTE is 475 fte higher.

Underlying run rate



Methodology

- Adjustments have been made to show underlying run rate. These account for one off/non-recurrent items unrelated to the activities in month (e.g. credit note received from prior year) and for catch up where cost or income relating to multiple periods in reflected in one months ledger.
- One-off items - whilst removed from the run rate - will impact the required run rate to achieve breakeven and this has been accounted for.

Run rate

- The graphs shows a run rate of (£1.6m). The analysis has removed net £11m of one-off items which whilst don't impact the run rate will still impact the in year financial position, including IA funding received in M9/11 of £7.4m. Driven by:
 - £1.8m of ERF non-clawback, depending on further guidance received this may be considered a non-adjusting item (as a result of compensating for strike actions);
 - £1.5m of contract income phasing which will reverse over the course of the year. Contract income has been phased to deliver a balanced plan each month meaning as a result of CIP phasing, additional amounts are recognised early in the year compared to a flat line profile.
- M11 underlying run rate is a (£1.6m deficit), this is in £0.2m better than the previous month (£1.8m deficit), with IA impact of February reflected. Taking the current average months run rate and extrapolating gives an overall deficit of £16.8m. Decrease in month due to high non pay costs for six month in a row including impact of IA but pay run rate stayed steady, however income overachieved. Funding has been received for M8/11 for Industrial Action but this is not seen as part of the regular spend/income so for this reporting has been removed.
- Further mitigations will be required from divisional management to ensure progress is made to reduce run rate to the required level by Mar-24, currently requiring a net breakeven spend in M12 to hit our £5.3m FOT.

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Divisional Summary

Divisional position

Division	Variance to budget - M11							YTD overall Variance £'000	Underlying Run Rate		
	Contract Income	Divisional Income	Pay	Non pay	Overall Variance	M10 Variance	WTE		Dec	Jan	Feb
	£'000	£'000	£'000	£'000	£'000	£'000	WTE		£'000	£'000	£'000
CHIC	-	(16)	(16)	13	(19)	(160)	+26	(626)	(4,203)	(4,250)	(4,272) Q
Core Services	(23)	190	178	178	522	(290)	(39)	(615)	(6,583)	(6,631)	(6,439) P
Estates & Facilities	-	1	5	(36)	(30)	(90)	(14)	197	(3,370)	(3,263)	(3,346) Q
Medicine	17	31	(477)	(411)	(840)	181	+134	(4,375)	(4,532)	(3,858)	(4,657) Q
DAS	(247)	7	(489)	(561)	(1,289)	(684)	+91	(7,201)	(4,088)	(2,889)	(3,707) Q
Urgent Care	64	7	(423)	(6)	(357)	(669)	+90	(3,768)	(4,995)	(5,254)	(4,956) P
WCSH	25	9	40	44	118	45	(19)	493	(2,871)	(2,726)	(2,627) P
Corporate Services	-	68	73	251	391	(90)	(46)	2,161	(5,463)	(5,551)	(5,282) P
SPH	-	192	8	35	235	260	(10)	716	(72)	328	217 Q
Central/Trust wide	2,723	303	(867)	(678)	1,480	(1,119)	(376)	8,099	34,785	32,300	33,453 P
ESHT	2,559	792	(1,968)	(1,170)	212	(2,617)	(165)	(4,920)	(1,391)	(1,794)	(1,614) P

- **CHIC** – headroom has gradually been reducing as recruitment is catching up to investments and we have now seen in M1-11 overspends in the division for the first time in a number of years. Pay pressures due to Minerva contract supporting Urgent Community response now above budgeted levels, although recent contract held centrally, and Homefirst recruitment continuing. VW position now showing in Pay and Income.
- **Core Services** – Underspend on pay driven by below budget spend on Pathology cost and CDC underspend, this is matched in income. Non pay pressures M6-M10 attributed to activity aligned to outsourcing in Radiology but offset M11 by prudent accrual release. Income also had a one off income benefit.
- **E&F** – Overspend driven on pay by Covid legacy costs (eg housekeeping) which are no longer funded. Utilities lower M11, plus Facilities non pay in catering due to inflation ytd. Tariff element £0.5m underspent ytd.
- **Medicine** – Overspend driven Escalation beds above funded ytd, this is exacerbated by significant service overspends in Gastro, haematology and Cardiology. IA costs £0.9m ytd moved to Central. Supernumerary staffing and premium staffing continues to be a driver of these variances. ERF income underachieved ytd by £2.0m.
- **DAS** – Electivity activity lower than plan ytd with under performance of £1.2m with ENT and T&O underachieved. Urology and General & Breast pressures in pay due to premium costs. DAS is also using more staff than budget in some areas (Urology & T&O). IA costs approx. £0.6m ytd moved to Central. Excluding CIP target the division is overall below establishment (also true for Urgent Care). DAS overall is the worst performing division with Medicine and Urgent second and third on the list respectively.
- **UC** – Premium costs for Medical staffing continuing to cause pressures alongside supernumerary staffing. IA costs £0.7m ytd move to Central now. M11 some costs moved between UC and Medicine, net change zero.
- **Corporate services** – underspend driven by external training funding, some of which of the costs will be in the divisions, this is reconciled later in the year when schedules received from HEE.
- **SPH** – SPH income for M11 higher resulting in better performance than forecast ytd. Compucare system now being utilised.
- **Central** – Other income higher in month for C&V drugs and Devices and OATS. IA impact sitting in Non pay accrual. IA pay in month £0.8m

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Division	In Month			Ytd – M11			Full Year				
	Plan	Actual	Var	Plan	Actual	Var	Rec	NR	Total	Target	Gap
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Medicine	980	1,109	129	8,268	5,391	(2,876)	3,037	2,606	5,643	9,247	(3,604)
Urgent Care	252	550	298	1,668	2,108	440	1,245	1,095	2,340	1,919	421
DAS	868	347	(521)	8,366	5,196	(3,170)	4,574	1,015	5,589	9,235	(3,645)
Core Services	451	389	(62)	3,045	3,494	449	1,780	2,026	3,805	3,504	301
CHIC	70	(12)	(82)	774	1,350	575	(118)	1,568	1,450	844	605
WCSH	634	75	(559)	1,862	2,059	197	786	1,393	2,179	1,980	198
Estates & Facilities	63	83	20	1,634	1,472	(161)	165	1,358	1,523	1,697	(173)
Corporate	305	470	164	3,232	4,380	1,148	2,563	2,246	4,809	3,538	1,271
Sussex Premier Health	89	(6)	(94)	454	(34)	(488)	(36)	-	(36)	543	(579)
Total	3,713	3,005	(708)	29,302	25,416	(3,886)	13,996	13,306	27,302	32,507	(5,205)
Adj. for Income Support	-	1,552	1,552	-	3,652	3,652	-	-	5,205	-	5,205
Externally Reported	3,713	4,557	844	29,302	29,068	(234)	13,996	13,306	32,507	32,507	-

Overview

- The divisions have delivered £3m of efficiencies in the month, this is £0.7m less than the planned value of £3.7m. This is greater than expected due to a catch up in Medicine and Urgent Care for non-recurrent slippage.
- The in-month variance is largely due to Length of Stay, Outpatients and Demand Management not achieving the targets, this is partially offset by over-achievement on Improving Patient Data Capture and Workforce Controls.
- The target for the year is £32.5m, this is made up of the original £25m target plus the stretch target of £7.5m that was needed for the system to deliver a breakeven plan. The full £32.5m has been allocated out to the Divisions based on the Programme opportunities. We are behind plan by £3.9m YTD, this is largely driven by £2.7m under-delivery on ERF (£0.1m more than M10), LoS and Demand Management not delivering to plan, this is partially offset by vacancy slippage.
- The current forecast gap has reduced by £1.1m to £5.2m, the risk adjusted forecast is £27.1m, so the gap is now slightly higher at £5.4m, this is better than last month due to the in-month delivery on Workforce Controls being greater than expected and the catch up in Medicine and Urgent Care.
- Currently 49% of the £27.3m forecast is non-recurrent, of this £11.2m is vacancy slippage, however the proportion of non-recurrent is 50% on the year-to-date position.
- There is an expectation that the Trust will deliver the full efficiency requirement of £32.5m, the latest forecast position is £5.2m short. To address this £3.7m YTD and £5.2m full year of income support in compensation for industrial action has been reflected against this in the position that has been reported externally and shown on the report.

Trust Lead	Capital Scheme	In Month			YTD			Full Year		
		Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Fcast £'000	Variance £'000
	Original									
DIG	Digital Programmes	328	612	284	2,655	4,275	1,620	3,500	4,785	1,285
DIG	Our Care Connected	-	-	-	450	-	(450)	900	900	-
	Total Digital	328	612	284	3,105	4,275	1,170	4,400	5,685	1,285
EME	Diagnostic Equipment	350	203	(147)	1,663	406	(1,257)	1,750	1,150	(600)
EME	Medical Equipment	450	267	(183)	2,138	1,982	(156)	2,250	2,500	250
	Total Medical Equipment	800	470	(330)	3,800	2,387	(1,413)	4,000	3,650	(350)
EST	Fire	160	101	(59)	1,168	1,047	(121)	1,600	1,600	-
EST	Backlog	1,233	1,749	517	7,720	4,733	(2,987)	10,575	7,400	(3,175)
EST	Cath Lab Replacement	-	3	3	1,650	1,682	32	1,650	1,750	100
EST	Cardiology Business Case	-	514	514	2,000	1,893	(107)	2,000	2,500	500
EST	Clinical - Prior Year	-	1	1	-	122	122	-	90	90
EST	Decant Ward	50	0	(50)	350	519	169	500	600	100
EST	Discharge Lounge	-	1	1	500	454	(46)	500	500	-
EST	Elective Hub	745	1,142	397	5,216	2,888	(2,328)	7,451	7,451	-
EST	Friston Paeds	-	-	-	375	173	(202)	375	175	(200)
EST	ICU adaptations Cong	-	156	156	50	183	133	50	335	285
EST	Ophthalmology Business Case	-	200	200	2,000	850	(1,150)	2,000	1,100	(900)
EST	Ward Refurbishment	125	383	258	1,000	1,335	335	1,250	2,000	750
	Total Estates	2,313	4,250	1,937	22,028	15,880	(6,149)	27,951	25,501	(2,450)
FIN	Business Case Development	-	-	-	-	26	26	-	-	-
FIN	Divisional Small Works	40	36	(4)	460	143	(317)	500	190	(310)
FIN	Minor Capital	72	-	(72)	792	578	(214)	900	750	(150)
FIN	Planned slippage/prioritisation	(54)	-	54	(411)	-	411	(521)	-	521
	Total Finance	58	36	(21)	841	747	(94)	879	940	61
	System Capital	3,498	5,368	1,870	29,774	23,289	(6,485)	37,230	35,776	(1,454)
	New									
EST	Building For Our Future	92	120	28	1,008	745	(263)	1,145	1,145	-
EST/EME	Community Diagnostic Centre	-	12	12	1,000	580	(420)	1,000	785	(215)
EST	Elective Hub EDGH	896	27	(869)	6,269	193	(6,076)	8,956	8,956	-
DIG	Diagnostics Digital Capability (UMS)	262	-	(262)	786	155	(631)	1,048	600	(448)
DIG	Diagnostics Digital Capability (OCS)	111	-	(111)	332	-	(332)	443	443	-
DIG	Diagnostics Digital Capability (Image Sharing)	126	-	(126)	377	197	(181)	503	503	-
DIG	Frontline Digitalisation (EPR)	-	141	141	2,309	141	(2,168)	4,199	4,199	-
EST	NHP Enabling Fees	994	2,205	1,211	4,307	2,972	(1,336)	4,734	4,734	-
EST	Endoscopy	-	288	288	3,330	769	(2,561)	5,000	3,300	(1,700)
DIG	Cyber Improvement Programme	-	-	-	-	-	-	34	34	-
DIG	Frontline Digitalisation (Shared Care Record)	-	-	-	-	-	-	350	350	-
DIG	AI Diagnostics	-	-	-	-	-	-	110	110	-
	Total Additional Capital	2,480	2,793	313	19,719	5,752	(13,967)	27,522	25,159	(2,363)
	Total Capital	5,978	8,161	2,183	49,493	29,041	(20,453)	64,752	60,935	(3,817)
EST	PSDS3	-	-	-	165	2,454	2,289	165	165	-
EST	PSDS3 Income	-	-	-	(165)	(2,454)	(2,289)	(165)	(165)	-
	Total Grant Capital	-	-	-	-	0	0	-	-	-
FIN	Donated Expenditure	120	10	(110)	1,320	140	(1,180)	1,500	1,500	-
FIN	Donated Income	(120)	(75)	45	(1,320)	(140)	1,180	(1,500)	(1,500)	-
	Total Donated Capital	-	(66)	(66)	-	-	-	-	-	-
	Total Capital	5,978	8,095	2,118	49,493	29,041	(20,453)	64,752	60,935	(3,817)

Capital

- The planned capital allocation for 2023/24 is £64.8m and is made up of the core ICS allocation of £37.2m plus national programmes expected in year of £27.5m.
- The capital expenditure incurred totals £29.0m compared to a plan of £49.5m. The current position is therefore behind plan by £20.5m. The plan is back loaded in-line with trends from previous years and the major national schemes that are scheduled to deliver in Q4.
- Capital expenditure was largely driven by the following schemes:
 - Digital equipment, clinical systems, infrastructure and EPR £4.3m.
 - Medical and diagnostic equipment £2.4m.
 - Estates works of £15.9m, the main schemes being fire compartmentalisation (£1,047k), backlog maintenance (£4,733k), cath lab replacement (£1,682k), decant ward (£519k), discharge lounge (£454k), ophthalmology business case (£850k), and ward refurbishments (£1,335k).
 - Community Diagnostics Centre £580k which combines costs for both equipment and works.
 - Building for Our Future £745k.
 - NHP Enabling Fees £2,972k.
- The Elective Care Hub is split funded partly from system funding (£7.5m) and national PDC schemes (£9m). The scheme is behind plan with expenditure of £3,081k ytd.
- The Trust has drawn £27.5m of additional capital funding relating to national schemes. Cash cannot be drawn in advance of capital commitment and cannot be carried over. Funding is at risk if schemes do not deliver in line with project manager forecasts.
- A forecast has been worked through and indicates a projected underspend of £3.8m at year-end. However, the Trust is progressing plans to mitigate the shortfall.

Assets and Liabilities

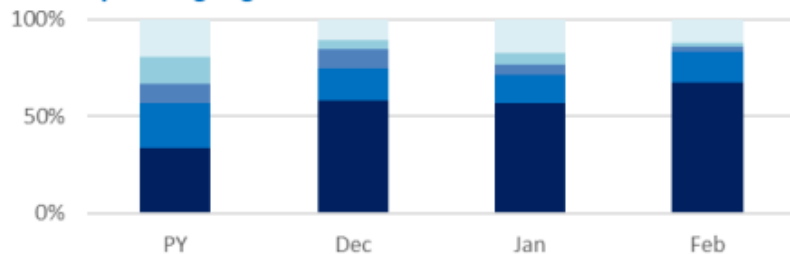
Trust Assets and Liabilities

	Dec	Jan	Feb	Change
	£'000	£'000	£'000	£'000
Non-current assets	349,282	353,924	360,655	6,731
Inventories	9,429	6,255	6,863	608
Trade and other receivables	56,411	41,100	44,502	3,402
Cash and Cash equivalents	39,954	37,104	33,188	(3,916)
Current Assets	105,794	84,459	84,552	93
Trade and other payables	(63,217)	(60,140)	(65,419)	(5,279)
Other liabilities	(21,941)	(8,582)	(9,023)	(440)
Current Liabilities	(85,157)	(68,722)	(74,442)	(5,719)
Non-current liabilities	(10,411)	(10,411)	(10,411)	-
Total assets employed	359,508	359,250	360,355	1,104

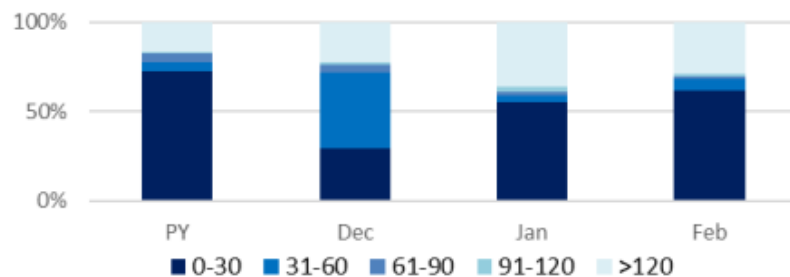
BPPC (Based on invoice count)

Trade	87.2%	87.8%	88.5%	0.7%
NHS	95.3%	95.5%	95.6%	0.1%

Trade Payables Ageing



Trade receivables Ageing



Balance sheet

- There has been an increase of £6.7m in non-current assets in month 11, because of an increase in run-rate of capital expenditure.
- Current assets has increased in month by £0.1m, this is due to a decrease in Trade and Other Receivables of £3.4m relating to income accruals, offset by a decrease in cash of £3.9m. Inventories has increased by £0.6m.
- There were 4 weekly payment runs in February. The average payment run value was £4.7m.
- Current liabilities has increased in month by £5.7m due to an increase in expenditure accruals and an increase in the level of deferred income.
- The Trust continues to hold significant cash balances at £33.2m. However, the 13-week cash projection is showing a downward trend in cash balance because of continued high payment runs to maintain a steady aged creditor position. The cash balance estimated at 31 March is £44.6m.

Better Payment Practice Code (BPPC)

- A slight increase in BPPC for both Trade and NHS in month. Where possible, the Financial Services team continue to prioritise performance, with non-NHS payables a particular focus. Poor performance is largely due to issues with no purchase orders quoted on invoices or raised, or delays to receipting of goods and services.

Trade and Other Payables

- An increase in month of £3.9m on the creditor position increasing the purchase ledger total to £15.9m. The number of invoices registered on the system is 5,289, an increase of 45 in month.
- 84% of the outstanding invoices are payable to trade (Non-NHS) suppliers and the balance to NHS providers. The Trust processes weekly payment runs.
- Most aged invoices are stuck in the system due to issues relating to the 'No PO, No Pay' policy.

Trade and Other Receivables

- The sales ledger balance decreased by £2.3m in month to a total of £8.4m.
- The invoice count on the sales ledger is 1,995, a decrease of 38 in month.
- The ageing profile of debt due has increased by £0.4m in month and now totals £3.2m.

Risk Adjusted Forecast Outrun

- The base case now includes the funding given in M8/11 for IA and deficit funding.
- Risk analysis shows a potential range from £7m deficit position for the downside to a £5.4m deficit against the base case, this is a slight change since M10 due to IA funding received in M11. The M8 breakeven forecast was predicated on the assumption that further industrial action did not occur and a baseline adjustment to ERF was honoured, this have not proven the case which has resulted in this change.
- The agreed FOT for 23-24 is now £5.4m overspent**

	Downside £'000	Base £'000	Upside £'000
M11 YTD	(4,919)	(4,919)	(4,919)
Underlying Runrate	(2,421)	(1,614)	(2,758)
Runrate Extrapolation	(7,340)	(6,533)	(7,677)
Recovery Actions	488	650	2,600
Balance Sheet Adjustments	375	500	2,000
Efficiency Improvement	-	200	300
February/March IA costs	-	-	-
Winter Pressures	(313)	(100)	-
Non Pay Inflation	(210)	(105)	-
FOT Position	(7,000)	(5,388)	(2,777)
Prior month	(8,991)	(5,368)	(2,315)

Commentary
Base/Upside: Extrapolation of Month 11 run rate average of last 3 months shows net pressures once risk accounted for elsewhere. Downside assumption of current runrate extrapolated with no improvement.
Base/Upside: Current recovery plan assumes £2.6m of improvements from M9-12 with robust challenge on recruitment/non pay and maximising income, this has been adjusted for now being in M11. Downside assumption that 75% of this improvement found.
Base/Upside: Current recovery plan assumes £2.0m of improvements from M10-12 of accounting treatments and review of all methods of accruals and assumptions, £1.0m remains available. Downside assumption that 75% of this improvement found.
<i>Overall target of £32.5m in 23.24 .</i> Base/Upside: Assumes M12 improvement will impact upon current CIP delivery and FOT and give improved outcomes. Downside assumption no extra CIP found on top of FOT.
<i>Increasing expenditure based on additional Industrial Action</i> Base: No additional strikes forecast Downside: No additional strikes forecast
<i>Increasing expenditure based on additional Industrial Action</i> Base: No Additional funding from ICB for Winter pressures, therefore set at zero for base case with moderate forecast pressure. Downside: £0.3m included for potential risk against funding such as increased Escalation beds or Covid.
<i>Non pay Inflation assigned to known contract price changes such as Utilities. Generic price increases not funded in baseline ,</i> Downside: assumes 2% increase on remaining non pay budget for 23-24 across the remainder of the year. Base: assumes some additional costs materialising, currently set at £0.1m. Upside: no additional non-pay inflation costs

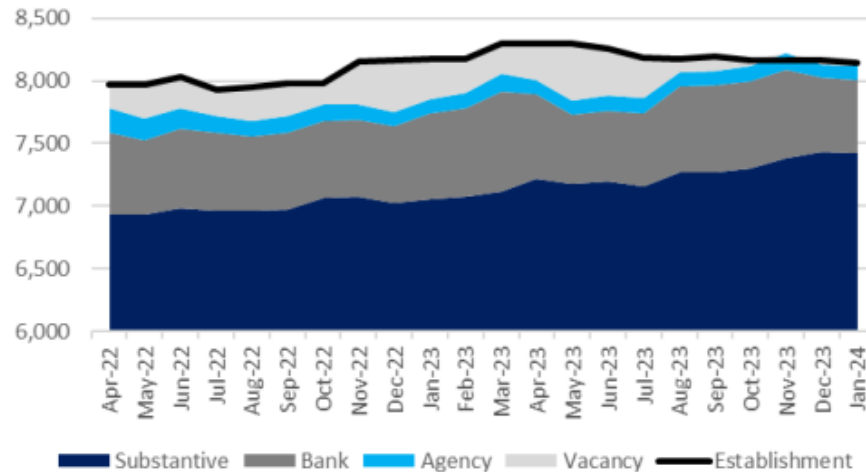
Appendix 1: Industrial Action Summary for M11

- Staffing data compiled from information from TWS/Healthroster/ESR – no cover costs confirmed for October strikes.
- Income assumptions from Knowledge Management activity combined with contract income tariffs.
- Items highlighted in green estimate while awaiting actual data.
- Approx ledger impact on pay excluding assumptions approx. £2.6m ytd.

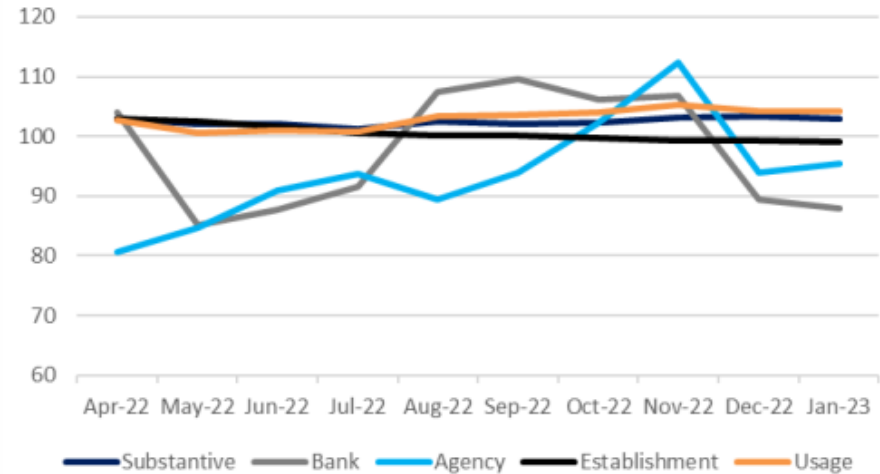
	Month (£)												YTD (£)	Key Assumptions
	April	May	June	July	August	September	October	November	December	January	February	Total		
Cost Reduction from Strikes														
Nursing		(8,648)											(8,648)	1/365th of salary
Consultant Shifts				(13,434)	(13,132)	(12,943)	(16,514)	-					(56,023)	1/365th of salary
Junior Doctor shifts	(129,538)		(77,552)	(76,988)	(73,796)	(62,124)	(46,922)	-	(78,040)	(109,104)	(93,572)	(747,636)	1/365th of salary - Feb estimated	
Cost of Cover														
Nurse Bank Shifts	2,202	2,202	2,202	2,202	2,202	2,202	2,202	2,202	2,202	2,202	2,202	24,225	Taken from Healthroster IA shifts booked	
Consultants Cover	204,778		349,271	539,708	260,682	104,378	-	-	316,637	544,362	430,500	2,750,314	Feb estimated	
WLI catch up for lost activity		67,500	67,500	67,500	67,500	67,500	67,500	67,500	67,500	67,500	67,500	675,000	Average increase in WLI's v 22-23	
Lost Activity Income														
Elective	317,937	86,863	132,832	246,126	185,998	292,495	219,810	-	169,322	191,550	191,550	2,034,482	Approx as no actuals yet	
Day Case	285,338	51,928	174,029	249,864	228,946	219,506	186,577	-	172,005	186,015	186,015	1,940,221	Approx as no actuals yet	
Outpatient	167,549	18,715	102,556	176,695	126,330	144,272	117,521	-	105,986	145,676	145,676	1,250,975	Approx as no actuals yet	
Non Pay Savings (cancelled Activity)	(154,165)	(31,501)	(81,883)	(134,537)	(108,255)	(131,254)	(104,782)	-	(89,462)	(104,648)	(104,648)	(1,045,136)	Estimated @ 20% of income	
Absorbed Costs Management	85,760	85,760	64,320	64,320	42,880	42,880	42,880	42,880	42,880	42,880	42,880	600,323	Assumption costs lower as routine incr	
Total Cost + Lost Activity To M11												7,418,097		
Costs Excluding Lost Income	£9,038	£115,313	£323,857	£448,770	£178,082	£10,639	-£55,635	£112,582	£261,717	£443,193	£344,862	£2,192,419		

Appendix 2: Staff Usage Analysis

WTE usage



Index against 22/23 average



- The graph (left) shows a consistent rise substantive staffs since April 22. This has not resulted in material offsetting reductions in bank and agency however the net vacancy has reduced (note this is not a line-by-line vacancy simply overall establishment (which will include CIP) compared to overall usage).
- We have been successful in reducing the vacancy rate – more focus is required around turning this into reductions in temporary staff.
- The graph on the right shows an index of 23/24 against 22/23 average. This shows:
 - A reduction in establishment (aligned to CIP) over the year
 - Substantive is currently 4% above prior year average
 - Bank and agency are currently below with higher usage over the second half of the year.
 - Overall usage has been trending up
- At a broad level the number of services above establishment has remained broadly consistent (with some spikes and troughs) but does represent 30% of the services i.e. 1 in 3 services are operating with staff above establishment, we are considering carefully during budget setting whether this is an allocation or control issue. We have seen a reduction in these numbers in absolute terms over the last two years.

Mortality Report: Learning from Deaths 1 April 2017 to 30th September 2023

Purpose of the paper	The reporting of “Learning from Deaths” to the Trust Board is a requirement in the Care Quality Commission review. All deaths in hospital are reviewed by our team of Medical Examiners and any cases requiring further scrutiny are highlighted to divisions and discussed at specialty Mortality and Morbidity meetings.			
	For Decision	For Assurance	x	For Information
Sponsor/Author	Dr Simon Merritt			
Governance overview	N/A			

Strategic aims addressed	Collaboration	Improving health	Empowering people	Efficient/Sustainable
		x		

Values reflected	Working Together	Improvement & Development	Respect & Compassion	Engagement & Involvement
		x	x	

Recommendation	The Board are requested to note the report. “Learning from Deaths” reports are presented on a quarterly basis.
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Executive Summary	<p>The current “Learning from Deaths” report details the April 2017 – September 2023 deaths, recorded and reviewed on the mortality database.</p> <p>Learning disability deaths are subject to external review against the LeDeR (learning disability mortality review) programme. Trusts are now receiving feedback from these reviews, although the process is slow. We continue to review deaths of patients with learning disabilities internally due to the delays in the external process in order to mitigate any risk.</p>
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Next steps	The Mortality Review Audit Group continues to review the deaths with a higher likelihood of avoidability, on a quarterly basis, to ensure accuracy in reporting. Deaths going to inquest, SIs, Amber reports, complaints and “low risk” deaths are all reviewed for completeness.
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Organisation

EAST SUSSEX HEALTHCARE TRUST

Financial Year

2023-24

Month

September

Description:
This dashboard is a tool to aid the systematic recording of deaths and learning from care provided by NHS Trusts. Trusts are encouraged to use this to record relevant incidents of mortality, number of deaths reviewed and cases from which lessons can be learnt to improve care.

Summary of total number of in-hospital deaths and total number of cases reviewed under the Structured Judgement Review methodology (Data as at 20/03/2024)

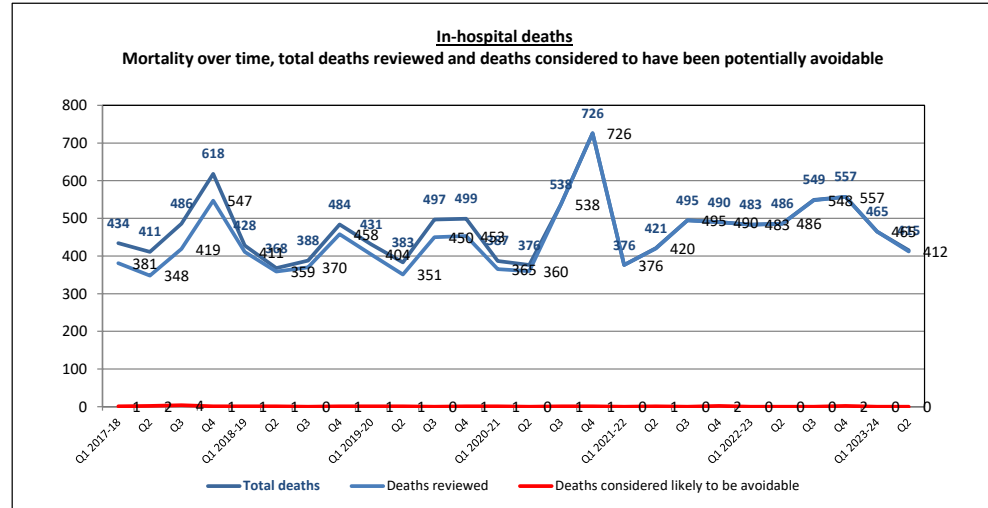
Total number of in-hospital deaths, deaths reviewed and deaths deemed avoidable (does not include patients with identified learning disabilities).

Time Series:	Start date	2017-18	Q1	End date	2023-24	Q2
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Total number of deaths recorded in the mortality database - excluding Learning Disability	
This Month	Last Month
137	144
This Quarter (QTD)	Last Quarter
415	465
This Year (YTD)	Last Year
880	2075

Total deaths reviewed by Medical Examiner	
This Month	Last Month
137	141
This Quarter (QTD)	Last Quarter
412	465
This Year (YTD)	Last Year
877	2074

Total number of deaths considered to have been potentially avoidable (RCP Score <=3)	
This Month	Last Month
0	0
This Quarter (QTD)	Last Quarter
0	0
This Year (YTD)	Last Year
0	2



Total deaths reviewed by RCP methodology score. Historically avoidability was recorded when the overall care was judged to be poor or very poor. From April 2023 all deaths reviewed and given an avoidability rating have been included.

Score 1 Definitely avoidable		
This Month	0	0.0%
This Quarter (QTD)	0	0.0%
This Year (YTD)	0	0.0%

Score 2 Strong evidence of avoidability		
This Month	0	0.0%
This Quarter (QTD)	0	0.0%
This Year (YTD)	0	0.0%

Score 3 Probably avoidable (more than 50:50)		
This Month	0	0.0%
This Quarter (QTD)	0	0.0%
This Year (YTD)	0	0.0%

Score 4 Possibly avoidable but not very likely		
This Month	1	14.3%
This Quarter (QTD)	2	9.5%
This Year (YTD)	2	5.3%

Score 5 Slight evidence of avoidability		
This Month	1	14.3%
This Quarter (QTD)	1	4.8%
This Year (YTD)	3	7.9%

Score 6 Definitely not avoidable		
This Month	5	71.4%
This Quarter (QTD)	18	85.7%
This Year (YTD)	33	86.8%

Data above is as at 20/03/2024 and does not include deaths of patients with learning disabilities.
 Family/carer concerns - There was one care concern expressed to the Trust Bereavement team relating to Quarter 2 2023/24 deaths. This was not taken forward as a formal complaint.
 Complaints - Of the complaints closed during Quarter 2 2023/24 which related to to bereavement in hospital, most had an overall care rating of 'good care', one 'adequate care' and one 'excellent care'.
 There was one patient with an overall rating of 'poor care'. This death has been reviewed and found to be definitely not avoidable.
 Serious incidents - There were 3 severity 5 serious incidents raised in Q2 2023/2024.
 As at 20/03/2024 there are 519 April 2017 - September 2023 deaths, still outstanding for review on the Mortality database.

Summary of total number of deaths and total number reviewed for patients with identified learning disabilities (Data as at 20/03/2024)

Total number of deaths, deaths reviewed and deaths deemed avoidable for patients with identified learning disabilities

Time Series: Start date 2017-18 Q1

End date 2023-24 Q2

Total number of deaths recorded in the mortality database - Learning Disability

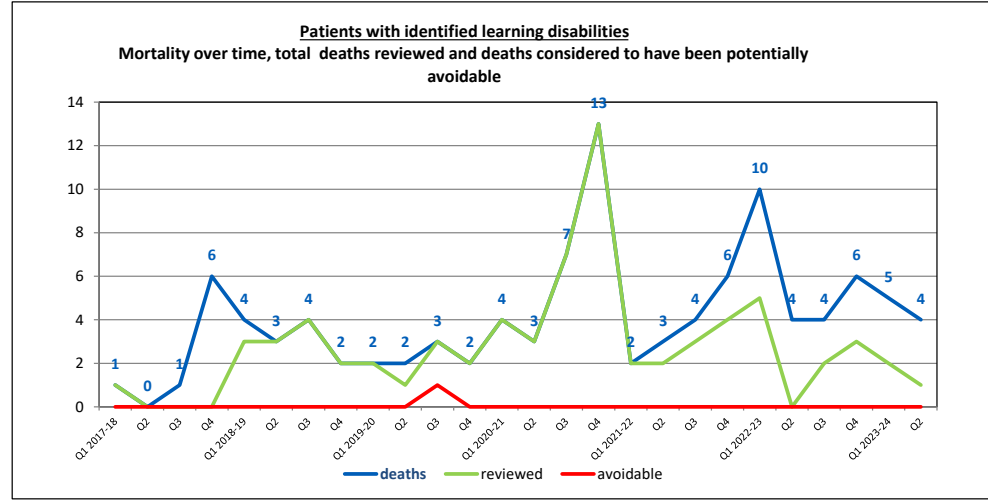
This Month	Last Month
3	1
This Quarter (QTD)	Last Quarter
4	5
This Year (YTD)	Last Year
9	24

Total deaths reviewed through the LeDeR methodology (or equivalent)

This Month	Last Month
1	0
This Quarter (QTD)	Last Quarter
1	2
This Year (YTD)	Last Year
3	10

Total number of deaths considered to have been potentially avoidable

This Month	Last Month
0	0
This Quarter (QTD)	Last Quarter
0	0
This Year (YTD)	Last Year
0	0



The LeDeR (learning disability mortality review) programme is now in place and the deaths of patients with a learning disability are being reviewed against the new criteria externally. Feedback from these external reviews is now being received by the Trust. There can be a significant delay in this process. These deaths are also reviewed internally by the Acute Liaison Nurse for Learning Disabilities, who enters the review findings on the mortality database.

Maternity Overview Report for Q3 2023/24

Purpose of the paper	This report provides assurance to the Trust Board on the Trust's progress/response across two areas:			
	<ol style="list-style-type: none"> The quality and safety of perinatal services, our progress with meeting the perinatal clinical quality surveillance standards and actions to proactively identify/mitigate quality and safety risks or concerns during quarter 3. National surveys and reports published during quarter 3 in relation to local Maternity services: MBBRACE Reports and CQC Maternity Survey (including action plan). 			
	For Decision		For Assurance	x For Information
Sponsor/Author	Executive Director Vikki Carruth, Chief Nurse Report Author: Brenda Lynes, Director of Maternity Services			
Governance overview	The two areas covered in this report were addressed in the Women and Children's Governance and Accountability monthly meetings, MatNeo Assurance Meeting and MatNeo Clinical Board. Supporting full reports were reviewed via the Quality and Safety Committee.			

Strategic aims addressed	Collaboration	Improving health	Empowering people	Efficient/Sustainable
	x	x	x	x

Values reflected	Working Together	Improvement & Development	Respect & Compassion	Engagement & Involvement
	x	x	x	x

Recommendation	The Board is asked to:			
	<ol style="list-style-type: none"> Take assurance about the quality and safety of perinatal services, our progress with meeting the perinatal clinical quality surveillance standards and actions to proactively identify/mitigate quality and safety risks/concerns. To note the overviews of national surveys and reports published during Q3 and assurance in relation to local Maternity services; two MBBRACE Reports and the CQC national Maternity Survey. 			

Executive Summary	<p>This report provides assurance that ESHT Maternity services are managed and monitored effectively, and safety is maintained clinically. Recruitment and retention planning is an ongoing key part of service planning. There is good evidence to support that our services are well led overall and well managed on a day-to-day basis as confirmed following the CQC visit in October 2022. Staff compliance is in line with national requirements, and maternity specific training has been maintained. A robust plan of action is underway to ensure Trust targets are met with regards to trust mandatory training with rates currently around 80% with focus to achieve 90% target.</p>			
	<p>Robust governance processes have been maintained in line with our Perinatal Quality Surveillance process during the reporting period. Our overall Perinatal Mortality rate is highlighting special cause improving variation.</p>			
	<p>Areas of focus for Q3 were our preterm birth and Atain rates, which will continue to be monitored closely. Following action to reduce term admissions during Q2, we have seen an overall positive reduction in Atain rates. A deep dive into preterm births has evidenced excellent clinical practice and focus to reduce our overall rate by 2025 in line with national recommendations.</p>			

The 2023 CQC national maternity survey provides good evidence that ESHT are delivering excellent care; areas where actions have been identified are areas we are already working to improve.

Next steps

The Q4 2023/24 maternity services overview report will be presented to Trust Board in June 2024.

Maternity Services Overview Report: Q3 2023/24

Executive Summary

The Trust Board is requested to note this Q3 report, which covers the four areas of the NHS England three-year delivery plan¹ in line with the Trust Maternity Strategy

Part one provides **an overview of the quality and safety of our perinatal services**, including an overview of progress in meeting the perinatal clinical quality surveillance standards and action taken to proactively identify and mitigate any quality and safety concerns or risks. The report provides an overview of Maternity planning and progress and activity during quarter 3, 2023/24. This is in line with the National Maternity and Neonatal Safety Improvement programme² (MatNeoSip), launched in 2019 aimed to:

- Improve the safety and outcomes of maternal and neonatal care by reducing unwarranted variation and provide a high-quality healthcare experience for all women and birthing people, babies and families across maternity and neonatal care settings in England.
- Contribute to the national ambition set out in the Transformation plan, by reducing rates of maternal and neonatal deaths, stillbirths and brain injuries that occur during or soon after birth by 2025.

East Sussex Healthcare Trust's Clinical Strategy³ is aligned to the Three-Year Delivery Plan. The ICS through our Local Maternity and Neonatal System (LMNS) and our local Maternity and Neonatal Voices partnership (MNVP) are working in partnership to achieve these ambitions through the NHS England Three-year delivery plan for maternity and neonatal services. This plan responds to the latest recommendations made in the final Ockenden report (March 2022) and Reading the Signals, Maternity and neonatal services in East Kent. ESHT's dashboard provides data for scrutiny and analysis to provide assurance to the Board surrounding these key areas. This paper provides assurance that our maternity services are:

1. Safe against the national safety ambition, evidenced through our data on a quarterly basis.
2. That Perinatal mortality rates are within national parameters.
3. We are responding to what staff and service users telling us.

The monthly quality metrics and quarterly audits discussed in part one are reviewed and approved in line with national requirement through the Quality and Safety Committee with delegated authority by the Trust Board, in line with the Board Assurance Framework.

Part two discusses national surveys and reports published during Q3 in relation to local Maternity services.

- MBBRACE Reports
- CQC Maternity Survey (including action plan)

¹ [B1915-three-year-delivery-plan-for-maternity-and-neonatal-services-march-2023.pdf \(england.nhs.uk\)](#)

² [NHS England » Maternity and Neonatal Safety Improvement Programme](#)

³ [Clinical Strategy \(esht.nhs.uk\)](#)

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1. Perinatal quality and safety update

Continuity of carer (CoC) model

As colleagues are aware, the three-year delivery plan and specifically the NHSE transformation plan requires Trusts to identify how it would provide dedicated support from the same midwifery team throughout pregnancy. ESHT continues with the two current midwifery Continuity of Carer teams. As staffing improves, we will commit to rolling out two further teams, timings to be confirmed. The existing two teams are meeting key requirements to support those from the most deprived groups and women and people from Black, Asian and Minority Ethnic communities in line with our local Equity and Equality plan.

Healthcare Safety Investigation Branch (HSIB), renamed Maternity and newborn Safety Investigation programme (MNSI), referrals for Q3

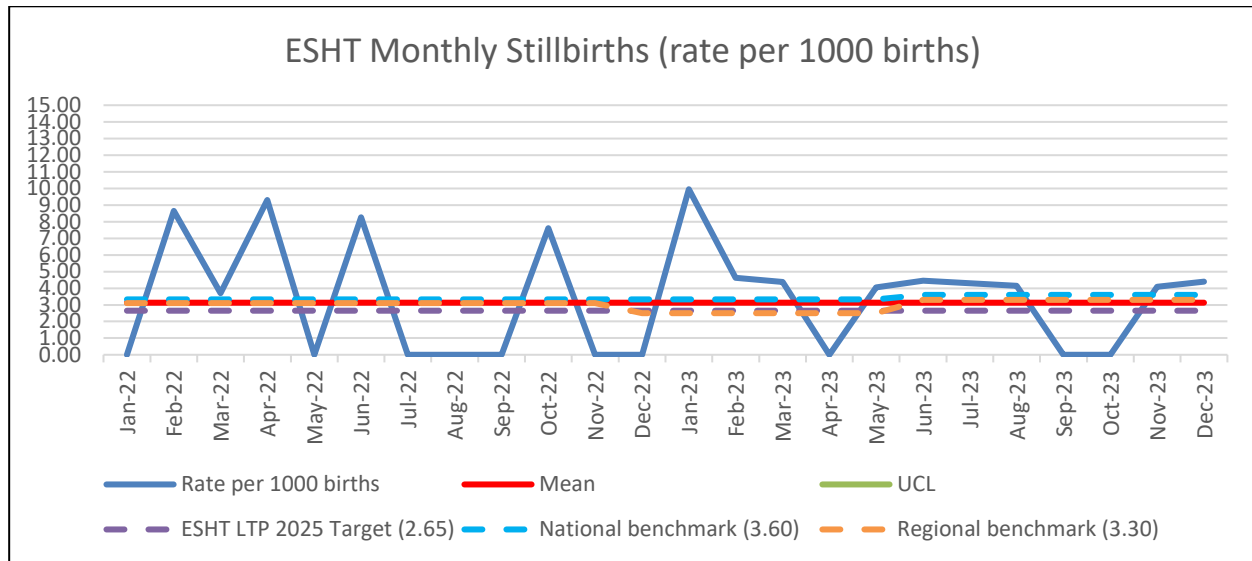
Since 2021, all HSIB/MNSI (now hosted by the CQC since October 2023) cases accepted for investigation are raised as PSII's. During Q3 there have been 2 HSIB referrals. All recommendations have been discussed through clinical forums and Quality and Safety committee.

Incident type	No of cases Q3	Recommendations/actions
Closed Serious Incidents (not HSIB referrals) (2021 case)	1	Intrapartum stillbirth (Covid related) Local covid guidelines not followed. Holistic review not undertaken on admission Delay in pathway, loss of situational awareness and urgency lost, poor communication Lessons: clear SBAR handover to aid decision making
Completed HSIB referrals/ Serious Incidents	1	Case as above
Neonatal Brain Injury (HIE)	0	

Stillbirth data (Q3)

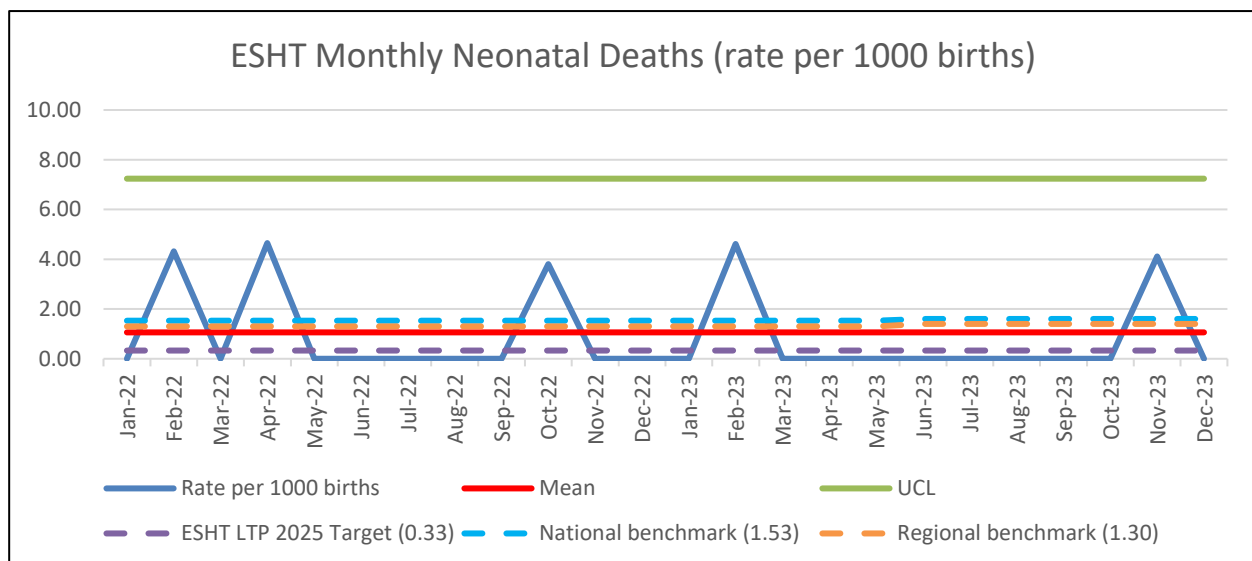
The table below shows the stillbirth rate per 1000 births reported between January 2022 and Sept 2023

- The national & regional benchmark rate for stillbirths were adjusted in June 2023
- Average (mean) is below the national & regional benchmark rates.
- ESHT stillbirth graph highlights no common cause for concern – all data is within normal levels of variation.
- The ESHT Long Term Plan (LTP) target of 2.65 shows where we need to get to by March 2024



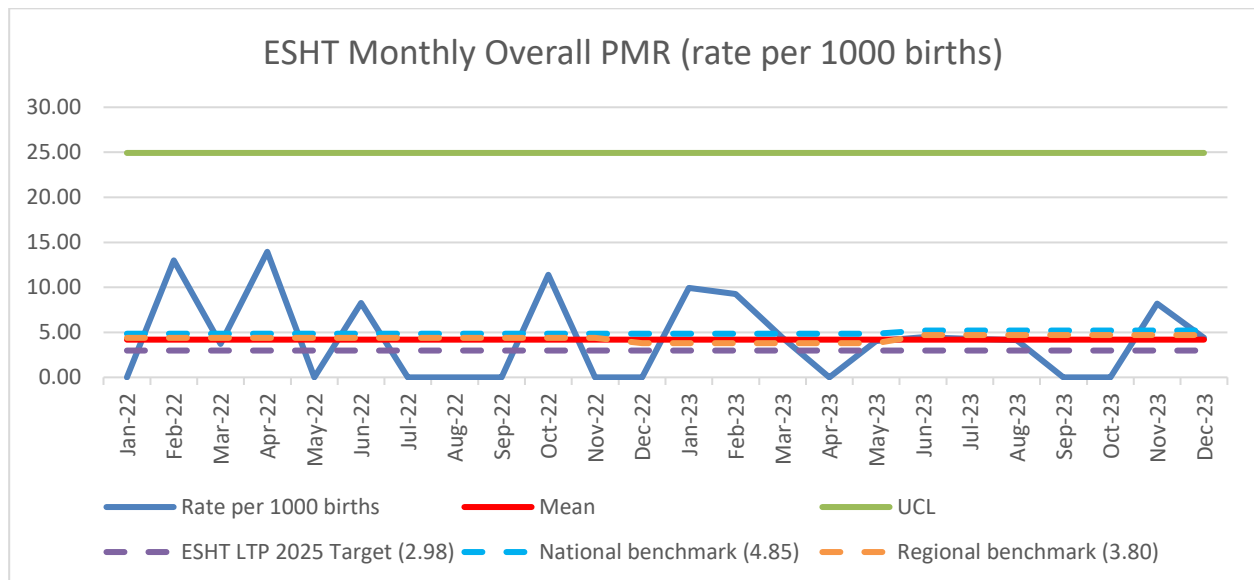
Monthly Neonatal Death Rates

- Average (mean) is below national & regional benchmark rates
- ESHT stillbirth graph highlights special cause improving variation (7 consecutive data points below the Mean (average) line)
- ESHT LTP target of 0.33 shows where you need to get to by March 2024



ESHT Rolling Perinatal Mortality Rate

- The national & regional perinatal mortality rates were adjusted from June 2023
- Average (mean) for ESHT is below national and in line with regional benchmark rates
- ESHT Overall Perinatal Mortality rate is highlighting special cause improving variation > 7 consecutive data points below the Mean (average) line
- ESHT long term plan (LTP) target of 2.98 is our aim to achieve by March 2024 and as you can see from the graph below, we are moving in the right direction to achieve this target.



Saving Babies Lives Care Bundle v3

This is a priority national safety initiative to improve practice in areas identified as contributing to adverse outcomes. Implementation of this care bundle has supported ESHT to embed this best practice on a day-to-day basis, this was published in March 2023 and launched during Q2. The Maternity and Neonatal Three-Year Delivery Plan requires that Trusts implement the bundle by April 2024. To support this standard being achieved, in 2023/2024 Trusts are asked to evidence 50% compliance in each element with an overall 70% compliance across the whole bundle at the point of CNST submission (January 2024). ESHT report compliance. Full compliance is expected by 31 March 24. Outstanding actions include two guidelines which are in final draft and the roll out of digital blood pressure monitors which is currently in progress.

SBL V3 progress (as of Dec 23)

Implementation Progress						
Intervention Elements	Description	Element Progress Status (Self assessment)	% of Interventions Fully Implemented (Self assessment)	Element Progress Status (LMNS Validated)	% of Interventions Fully Implemented (LMNS Validated)	NHS Resolution Maternity Incentive Scheme
Element 1	Smoking in pregnancy	Fully implemented	100%	Fully implemented	100%	CNST Met
Element 2	Fetal growth restriction	Partially implemented	95%	Partially implemented	95%	CNST Met
Element 3	Reduced fetal movements	Fully implemented	100%	Fully implemented	100%	CNST Met
Element 4	Fetal monitoring in labour	Fully implemented	100%	Fully implemented	100%	CNST Met
Element 5	Preterm birth	Partially implemented	85%	Partially implemented	85%	CNST Met
Element 6	Diabetes	Fully implemented	100%	Fully implemented	100%	CNST Met
All Elements	TOTAL	Partially implemented	93%	Partially implemented	93%	CNST Met

Preterm birth rates for ESHT are marginally over the national average for England and Wales. Deprivation, lower maternal age and smoking status are well known factors to increase preterm birth rates.

In our population we have a higher rate of women and birthing people under the age of 25, 17.1% versus 14.5% UK average, this group are also more likely to live in areas of high deprivation. Smoking at time of delivery rates for all women giving birth at ESHT in 2023 was 10.67% in comparison to 22% of smokers who had a preterm birth. 18.91% were smokers from the 10% most deprived areas and 17.57% from the 20% most deprived areas.

In regard to preterm birth rates for ethnicity nationally black ethnic minority groups have a higher rate of preterm birth at 8.7% which is comparable to our local rate of 9%. A deep dive has been undertaken and reviewed through the Quality and Safety committee, actions include, continuing to offer continuity of carer to our younger parents, with in-house smoking cessation services evidencing high quit levels. A quarterly assurance meeting confirm full compliance with Saving babies lives interventions. A pre-term clinic commenced in October 2023; possible effect will be monitored quarterly.

Transitional Care audits (TC)

The British Association of Perinatal Medicine (BAPM) Neonatal Transitional Care (TC) framework (2017)⁴ recognises that keeping mothers and babies together is the cornerstone of newborn care, the framework recognises this is a pathway rather than a place. Implementation of this pathway prevents many admissions per year to our neonatal unit by providing enhanced care on the postnatal ward.

We are required to audit this pathway quarterly. Findings from the quarter 3 report found that all but three babies eligible for transitional needing antibiotics, phototherapy or management for hypoglycaemia were managed successfully on the postnatal ward, the three babies treated in SCBU received excellent care, however future improvements will avoid separation from parents. We are currently working to improve our pathways, the HOM and Neonatal Matron are leading the TC group which will educate Midwifery Support Workers and Nursery nurses to deliver nasogastric feeds, manage cold babies and intensive phototherapy within the postnatal ward environment. A robust action plan has been agreed with the Neonatal and Maternity Safety Champions and is monitored through the Maternity Board.

Avoiding Term Admissions into Neonatal units (Atain)

Atain is a programme of work to reduce harm leading to avoidable admission to a neonatal unit for infants born at term (over 37 weeks gestation). The programme focuses on four key clinical areas related to term admission respiratory conditions; hypoglycaemia; jaundice; asphyxia (perinatal hypoxia-ischaemia). These represent some of the most frequently recorded reasons for admission according to neonatal hospital admissions data and represent a significant amount of potentially avoidable harm to babies.

For all unplanned admissions to a neonatal unit for medical care at term a thorough and joint clinical review by the maternity and neonatal services identify learning points to improve care provision, consider the impact service re-design might have on reducing admissions and identify avoidable harm. Our action plan to improve transitional care services is approved through the Quality and Safety committee.

The National Neonatal Audit Programme (NNAP) benchmark is <5% term admissions to the Neonatal Unit. ESHT SCBU met the NNAP benchmark for Q3 at an average of 4.57%. The rate in Q2 was 5.9% so an overall decrease of 77%. 29 term babies were admitted during Q3, which is a 76% decrease from Q2. This follows key action taken through reviewing the gestation of

⁴ [British Association of Perinatal Medicine \(amazonaws.com\)](https://www.amazonaws.com)

elective caesarean section births. Of the 29 admissions 27 (93%) were categorised as appropriate admissions with 2 (7%) categorised as avoidable, actions to reduce admissions included continued work on Transitional care pathways, ensuring babies receive steroids in utero where indicated and ensuring escalation of clinical concerns to medical teams in a timely manner. Guidance has been circulated and services users alerted to reducing the risk of a baby being dropped.

Atain Rates Oct-Dec 2023

Oct	Nov	Dec
5.24	5.80	2.50

Findings from local Perinatal Mortality Review Tool (PMRT) Reviews

The Perinatal Mortality Review Tool (PMRT) was developed in 2018 by MBRRACE–UK in collaboration with user and parent involvement. The aim is to support high quality standardised perinatal mortality reviews across NHS maternity and neonatal Units.

Within ESHT, all cases meeting the relevant criteria were reported to MBRRACE within 7 working days in line with national requirement.

During quarter 3, two cases were reviewed, recommendations were to ensure all staff acute and community understand the importance for the use of translation services, which where applicable should be available at every visit. This is now part of the Equity and Equality mandated training session for maternity staff. A second action was to provide service users access to leaflets translated to multiple languages on the maternity electronic patient record system. Approval of this quarterly report is through the Quality and Safety committee.

The British Association of Perinatal Medicine (BAPM) Extreme Prematurity Framework for Kent Surrey and Sussex and Neonatal Operational Delivery Framework has now been adopted by ESHT. Discussions with the LMNS continue regarding transferring pre-term infants where tertiary units are unable to accept and how we reflect this in local guidance.

We continue work to implement the Patient Safety Incident Response framework (PSIRF), a move away from “what went wrong” to “how to minimise” and learn from risks and incidents, launched in November 2023.

Maternal Mortality

There were zero maternal deaths during Q3.

Triangulation of Incidents, Complaints & Claims (Q3 2023/24)

A thematic review of all serious incidents is undertaken quarterly, including the triangulation of themes and learning from all closed incidents (severity 3, 4 & 5), complaints and claims against the CNST scorecard. All themes identified are collated and discussed and actions approved through the MatNeo Maternity Board in agreement with our MatNeo Safety Champions.

Of the claims received and reviewed from 2013-2023, top injuries by value included cerebral palsy, brain damage, bruising/extravasation, multiple disabilities, and psychiatric/psychological damage. This is similar to injuries identified in the 2022 scorecard (reviewing 10 years of data). The top causes by value centred around delayed treatment/diagnosis, failure in antenatal screening, failure to carry out patient observations and failure to recognise complications.

Turning to recent closed high-risk incidents and complaints, positively, during the reporting period, there have been no avoidable deaths, brain injuries or Maternity and Newborn Safety Investigation programme (MNSI) referrals and therefore no similar themes could be identified in relation to injuries by value or cause.

Actions to reduce future risk includes work with teams to ensure guidance is followed in relation to pre-eclamptic patients. A robust training program commenced in August 2023 covering this theme, all staff will have received the training by July 2024.

Maternity Staffing (workforce)

During the reporting period, appropriate mitigations have been implemented to ensure the department is providing and maintaining, safe and consistent maternity services, whilst ensuring positive perinatal outcomes. Our HR team are working with us on our 3-year recruitment and retention plan.

Red Flag Incidents

A BR+ web-based application (app) is used to report and monitor acuity and red flag incidents. This information is entered every four hours. To ensure data confidence, a compliance rate of 85% is recommended. ESHT compliance 88.3%, an increase of 2% from Q2.

Twenty red flags were reported between October and December 2023, 27 less than in the previous report (44% decrease). Themes remain consistent, there have been no formal complaints as a result.

Themes Q3

Theme	Comment
Delay between admission for Induction of Labour (IOL) and commencement of procedure (39%) - 20 cases	No harm occurred because of these delays and mitigation appropriately implemented. Clinical risk assessments were carried out for all cases
Suspension of births at EMU/and or homebirths due to low staffing levels	Mitigation by suspending EMU births and ensuring Homebirths remain and available option

Supernumerary labour ward coordinator

In this reporting period (October-December 2023), there have been zero in which the labour ward coordinator has reported they are unable to maintain supernumerary status. There have been zero instances in which the labour ward coordinator had to provide 1:1 care for a woman/birthing person in labour. Staff are supported to escalate any concerns at all times in line with local guidance.

One to One care in Labour

1-1 care in labour has been maintained at 100%

1-1 care in labour	April	May	June	July	Aug	Sept	Oct	Nov	Dec
1:1 care in labour provided for those eligible & delivered in ESHT	100%	100%	100%	100%	100%	100%	100%	100%	100%

Vacancy 23/24 data

Apr 23	May 23	Jun 23	Q1 average	Jul 23	Aug 23	Sept 23	Q2 average	Oct 23	Nov 23	Dec 23	Q3 average
3%	8%	7%	6%	8%	7.3%	6.7%	7.3%	4.0%	2.8%	5%	3.9%

The average midwifery vacancy rate over the reporting period was 3.9%. Based on trajectory of current recruitment, we anticipate most vacancies will be filled by April 2024. There are 3% of staff on secondment currently, this is under review to ensure clinical posts do not remain vacant for significant periods.

Sickness 23/24 data

Apr-23	May-23	June -23	Q1 Average	July-23	Aug-23	Sept-23	Q2 Average	Oct 23	Nov-23	Dec-23	Q3 Average
3%	8%	7%	6%	8%	7%	6.7%	7.3%	8.2%	6.3%	7.1%	7.2%

Sickness mean average was 7.2% in Q3, a slight increase from Q2. A similar picture has been seen across the country. Average sickness Q1-3 is 6.8%.

Parental Leave 23/24

Apr	May	June	Q1 Average	Jul	Aug	Sept	Q2 Average	Oct	Nov	Dec	Q3 Average
4.3%	3.5%	4.6%	4.13%	4.8%	6.1%	6.9%	5.93%	2.3%	1.9%	1.4%	1.87%

Parental leave is showing a decreasing trend as per the above table.

Maternity Workforce Fill Rates 23/24

Maternity workforce fill rates on the acute hospital site is now showing improvement as recruited staff commence in post.

Apr	May	June	Q1 Average	Jul	Aug	Sept	Q2 Average	Oct	Nov	Dec	Q3 Average
79.3%	83.2%	82.9%	81.8%	87.2%	80.4%	80.2%	82.6%	85.5%	89.9%	88.2%	87.9%

Challenges within the midwifery department remain related to the increasing complexity of our women and birthing people, there is increasing demand on Safeguarding and Mental Health teams (both services are currently under review). We have now commissioned a Maternity workforce review There is a requirement (in line with NHSE guidance) to educate midwives to manage enhanced complexity. The department have a plan to provide a higher dependency bed on delivery suite, Midwives will attend a four-day Care of the Critically Unwell Woman during the Childbirth Continuum course during 2024 in preparation for implementation.

Eastbourne community staffing levels fell due to retirement and staff relocating, this meant staffing levels were not safe, in order to mitigate the decision was made to close Eastbourne Maternity Unit (EMU) from December 18th 2023, with those midwives supporting the Eastbourne team, whilst births are suspended all other activity such as antenatal and postnatal and examination of the newborn, feeding advice clinics within EMU continues. We are currently reviewing the Eastbourne service provision through listening events with staff, at present the agreed plan is to reopen the unit as part of an Integrated system with Eastbourne community teams, work is currently ongoing to firm these plans prior to reopening.

Obstetric staffing

We have ensured that the RCOG criteria has been met for the employment of short-term (2 weeks or less) locum doctors in Obstetrics and Gynaecology on tier 2 or 3 (middle grade) rotas within the maternity unit:

ESHT currently employ two long term locums and can confirm implementation of the RCOG guidance on engagement of long-term locums⁵ within maternity services.

The Maternity department fully implement RCOG guidance on compensatory rest where consultants and senior Speciality and Specialist (SAS) doctors are working as non-resident on-call out of hours and do not have sufficient rest to undertake their normal working duties the following day.

The duties of the Hot Week Consultant guidelines incorporate the principles outlined in the RCOG Workforce document: 'Roles and responsibilities of the consultant providing acute care in obstetrics and gynaecology'. Good compliance with the recommendations within the guideline has been demonstrated in a recent audit, an action plan is in place to support improvement specifically regarding one occasion where escalation to the on call consultant was delayed out of hours.

The maternity department remains compliant with the requirement for twice daily consultant ward rounds, 7 days per week. The Consultant body for Obstetrics and Gynaecology currently have 1wte vacancy (this is a gynaecology vacancy).

Minor challenges have been reported within the obstetric workforce regarding middle grade appointments, new staff commenced in post in Jan 2024. Overall, cohesive and collaborative working of the Consultants has ensured a safe and consistent service delivery. This has at times been challenging with the multiple doctors strikes but thorough and pre-emptive plans were put in place early to avoid disruption.

Anaesthetic Workforce

A duty anaesthetist has been available as per national requirements, throughout the reporting period. Duty rotas are available on a weekly basis in line with Anaesthesia Clinical Services Accreditation (ACSA) requirement.

Neonatal Medical Workforce

The neonatal medical workforce is fully compliant with the British Association of Perinatal Medicine (BAPM) workforce standards as required for a level 1 neonatal unit. Medical workforce rotas are available on a weekly basis and provide evidence of compliance.

Neonatal Nursing Workforce

Neonatal nursing levels currently meet the requirement in line with the Operating Delivery Network (ODN) workforce calculator. As per the DOH Toolkit, a minimum of 70% of registered nursing workforce establishment should hold a QIS (qualified in Speciality) qualification. At ESHT, new to service staff do not come with a qualification. A robust plan of training is in place and approved by the ODN and in line with national requirement. Currently 52.4% of SCBU nursing staff hold the post registration qualification (reviewed Jan24), with remaining staff currently on the training programme. The action plan supports new staff in post to achieve the qualification within the next 12-18 months. Over the past quarter zero shifts fell short for QIS trained staff per shift (Badgernet data). Excellent MDT working continues between the medical, nursing and maternity team. Vacancy rate is currently 8.4%, with an active recruitment plan in place fill rates will improve in April 24.

⁵ [rcog-guidance-on-the-engagement-of-long-term-locums-in-mate.pdf](#)

MDT Training

Compliance with CTG and fetal monitoring training competency has fallen slightly due to medical compliance, the fetal wellbeing clinical lead has provided assurance that all out of date staff in Q3 are fully compliant by February 24. There remains no cause for concern.

Q3 2023/24	
CTG compliance	% Compliance
Medics	84%
Midwives	98%
Combined	91%

Combined professional compliance with MDT training has fallen slightly from Q2 (97%). With a combined percentage now at 90%. Mindful of the challenges raised in the CQC inspection report, it is important we see this training in the context of other trust mandatory training issues. There remains no cause for concern.

Q3 2023/24	
PROMPT compliance	% Compliance
Medics	78%
Midwives	91%
Combined	90%

CQC action plan update

Mandatory training and Appraisal rates continue to improve, significant work is underway to achieve the 90% target as soon as possible, progress whilst sitting generally above 80%, staff and specifically medical trainee turnover has impacted on us reaching the 90% target.

Culture within maternity services (SCORE Survey)

The SCORE (Safety Culture, Operational Risk, Reliability/burnout and Engagement) survey is undertaken by Trusts every 4-5 years, ESHT score survey closed mid-May 2023 with a good response rate of 43%. The survey aims to assess aspects of our local team culture, including safety, communication, and teamwork. National support is being provided for deep analysis of results. The final report discussed at the Quality and Safety committee sets out a positive picture from the results. A robust action plan is in place which includes, four staff members trained as cultural ambassadors who facilitate regular conversations using an appreciative approach, all MatNeo staff are invited. Staff wanted a regular video log from the senior leadership team which has commenced. Twice daily safety huddles continue, allowing department leads to check in with staff, ensuring they are listened to.

General listening events for all maternity staff continue every 6 weeks, staff report that they are a useful forum for raising any concerns and making suggestions. During Q3, staff are reporting that they “know staffing is improving and that “services feel more settled”. Staffing levels versus acuity remains a key area of discussion, a Birthrate+ staffing review commenced in March 2024. Complexity of service users has also been raised as noted earlier in this paper. Work to deliver our 3-year recruitment and retention plan continues.

The Professional Midwifery and Neonatal Partner team provide on-line, unit based and off-site safe spaces to hear staff views, current actions also included a consideration around self-rostering (for which work is progressing) and work to encourage any hours working where additional resource is required. Our Equity and Equality lead has set up a MatNeo staff forum to hear from more seldom heard voices.

The Service User Voice

During Q3 Maternity have continued to make improvements within the department, this is discussed monthly at the Quality and Safety committee where improvement plans are shared.

Areas of improvement include;

- The introduction of a 24-hour visiting pilot
- Improvement to the Infant feeding room
- Improving visual displays of information within the department, including signposting for help and support whilst on the maternity and neonatal units
- A new and improved Maternity website

Part two discussed findings from the CQC National Maternity services action plan, which reflects local concerns raised.

Perinatal Quality & Safety conclusion

Maternity services are managed effectively and safety is maintained clinically, at minimum, a daily review of staffing levels takes place and our escalation plan is activated when required to ensure we maintain safe services, Recruitment and retention planning is an ongoing key part of service planning.

Robust governance process has been maintained in line with our Perinatal Quality Surveillance process during the reporting period. Our overall Perinatal Mortality rate is highlighting special cause improving variation > 7 consecutive data points below the Mean (average) line.

There is good evidence to support that our services are well led overall and well managed on a day-to-day basis as confirmed following the CQC visit in October 2022, staff compliance in line with national requirement for maternity specific training has been maintained. A robust plan of action is underway to ensure Trust targets are met with regards to trust mandatory training).

Areas of focus for Q3 are our Atain rates, which will continue to be monitored closely. Following action to reduce term admissions, we have seen an overall reduction in Atain rates. A deep dive into preterm births again have evidenced excellent clinical practice and focus with an aim to reduce our overall rate by 2025 in line with national recommendation.

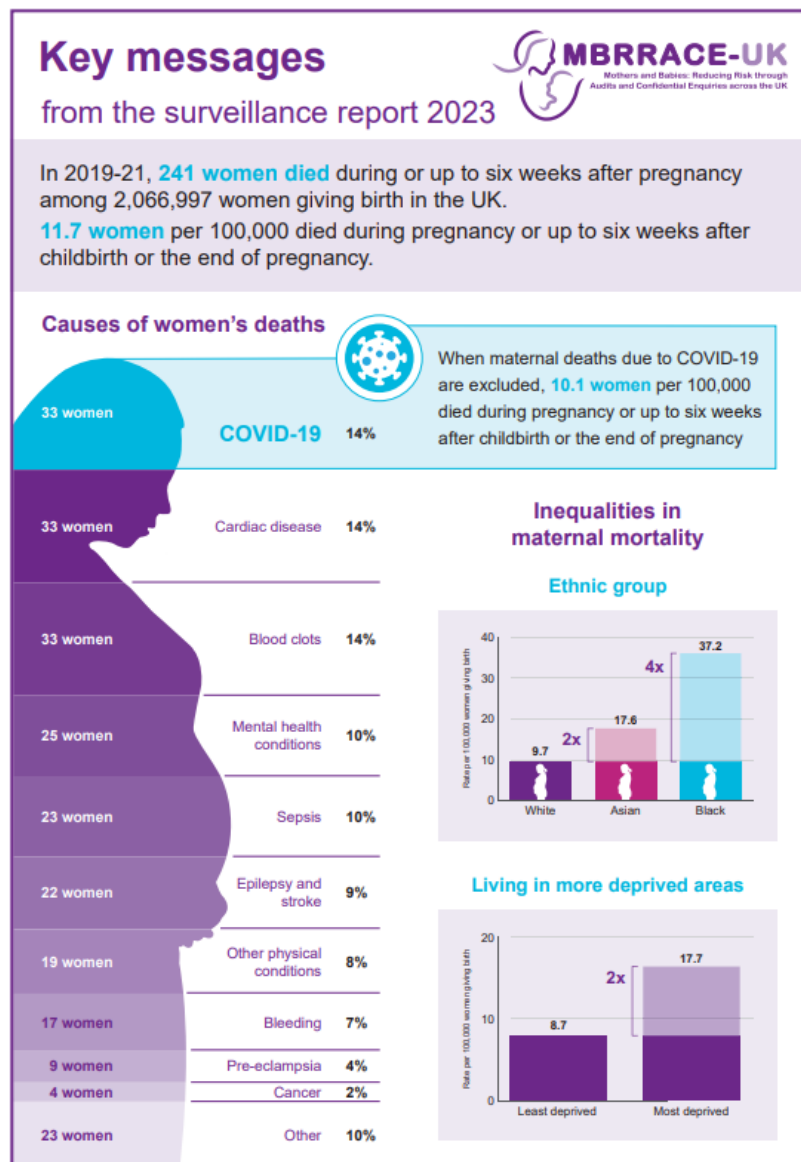
2. National surveys and reports published during Q3

MBRACE-UK Reports 2023: Saving Lives, Improving Mothers' Care

This is the tenth MBRRACE-UK annual report of the confidential Enquiry into Maternal Deaths and Morbidity⁶. There was a statistically non-significant increase in the overall maternal death rate in the UK between 2016-2018 and 2019-2021, when deaths due to Covid-19 in 2020 and 2021 were excluded, maternal death rates were similar for the two periods, which suggests that an even greater focus on implementation of the recommendations of these reports is needed to achieve a reduction in maternal deaths.

There remains a four-fold difference in maternal mortality rates amongst women from Black and ethnic backgrounds and almost a two-fold difference amongst women from Asian ethnic backgrounds compared to White women. 12% of the women who died during or up to a year after pregnancy in the UK 2019-21 were at severe and multiple disadvantages. The main elements were mental health diagnosis, substance use and domestic abuse. Women living in the most deprived areas, continue to have the highest mortality rates, emphasising the need for a continued focus on action to address these disparities.

ESHT services continue to focus on reducing maternal morbidity, we have seen an increase in women/people presenting with Mental Health concerns and are currently reviewing service provision. Focus continues to reduce health inequalities locally through our public health team and our Equity and Equality leads. Updates through the health Inequalities committee provide good evidence in relation to smoking cessation and outcomes for young mothers.



⁶ [Reports | MBRRACE-UK | NPEU \(ox.ac.uk\)](#)

MBRRACE Perinatal Mortality Surveillance report for births in 2021

This is the ninth MBRRACE-UK Perinatal Mortality Surveillance Report and the first presented as a concise “State of the Nation” report⁷.

This report focuses on births from 24 completed weeks’ gestational age, with the exception of the section on mortality rates by gestational age, which also includes information on births at 22 to 23 completed weeks’ gestational age. This avoids the influence of the wide disparity in the classification of babies born before 24 completed weeks’ gestational age as a neonatal death or a late fetal loss. Terminations of pregnancy have been excluded from the mortality rates reported.

The NHS has worked hard towards the national maternity safety ambition, to halve rates of perinatal mortality from 2010 to 2025 and achieve a 20% reduction by 2020 (DHSC 2017). ONS data showed a 25% reduction in stillbirths in 2020, with the rate rising to 20% in 2021 with the onset of the COVID-19 pandemic. While significant achievements have been made in the past few years, more recent data show there is more to do to achieve the Ambition in 2025.

Key Messages for East Sussex healthcare trust

All deaths

ESHT stabilised & adjusted stillbirth rate is **3.20 per 1,000 total births**. This is around the average for similar Trusts & Health Boards.

ESHT stabilised & adjusted neonatal mortality rate is **0.97 per 1,000 live births**. This is lower than the average for similar Trusts & Health Boards.

ESHT stabilised & adjusted extended perinatal mortality rate is **4.16 per 1,000 total births**. This is around the average for similar Trusts & Health Boards.

Excluding deaths due to congenital anomalies

ESHT stabilised & adjusted stillbirth rate excluding deaths due to congenital anomalies is **3.04 per 1,000 total births**. This is around the average for similar Trusts & Health Boards.

ESHT stabilised & adjusted neonatal mortality rate excluding deaths due to congenital anomalies is **0.77 per 1,000 live births**. This is around the average for similar Trusts & Health Boards.

ESHT stabilised & adjusted extended perinatal mortality rate excluding deaths due to congenital anomalies is **3.80 per 1,000 total births**. This is around the average for similar Trusts & Health Boards.

Actions for ESHT

The stabilised & adjusted mortality rates for ESHT were similar to, or lower than, those seen across similar Trusts and Health Boards. However, if the aspiration of ESHT is to seek rates comparable with the best performing countries, for example those in Scandinavia, ensure that a review using the Perinatal Mortality Review Tool (PMRT) has been carried out for all the deaths in this report to assess care, identify and implement service improvements to prevent future similar deaths.

Assurance has been provided during 2023/24 that 100% of babies eligible have been reviewed using the Perinatal Mortality Review process.

⁷ [Reports | MBRRACE-UK | NPEU \(ox.ac.uk\)](#)

CQC National Maternity Survey 2023

The NHS Maternity Services Survey⁸ is a national event commissioned by the Care Quality Commission. Individuals were invited to participate in the survey if they were aged 16 years or over at the time of delivery and had a live birth at an NHS Trust between 1 February and 28 February 2023. If there were fewer than 300 people within an NHS trust who gave birth in February 2023, then births from January were included. Questionnaires were sent out between April and August 2023.

The survey received responses on experiences of 25,515 women and pregnant people across 121 NHS trusts (41% response rate). ESHT has completed the Survey annually since 2017.

The NHS Maternity Services Survey is a national event commissioned by the Care Quality Commission. Individuals were invited to participate in the survey if they were aged 16 years or over at the time of delivery and had a live birth at an NHS Trust between 1 February and 28 February 2023. If there were fewer than 300 people within an NHS trust who gave birth in February 2023, then births from January were included. Questionnaires were sent out between April and August 2023.

The survey is split into three sections: antenatal, labour and birth and postnatal care and asked women and birthing people a range of questions about their experience of choice and continuity of care in maternity services in hospital.

At a national level the 2023 maternity survey shows that people's experiences of care have deteriorated in the last 5 years. Trend analysis was carried out on 26 evaluative questions on data from between 2018 and 2023. Of these questions, 1 showed a statistically significant upward trend, 14 showed no change and 11 showed a statistically significant downward trend.

However, results relative to 2022 show signs of improvement in many areas. Of the 54 evaluative questions compared year on year, between 2023 and 2022, 38 showed significant improvement, including all questions in the area of antenatal care.

Population of maternity service users who took part in the survey within ESHT

- 300 pregnant women and birthing people were invited to participate, 135 responded (46%), a slight decrease (3%) from 2022. Notably this remains a significant increase compared to 2021 where the response rate was 37%.
- 42% of respondents gave birth to their first baby
- 92% were heterosexual, 3% bisexual, 3% prefer not to say, 2% other, 1% gay/lesbian
- Ethnicity: 86% white, 5% Asian or Asian British, 4% multiple ethnic groups, 3% not known, 2% Black or Black British, 1% other ethnic group.
- Age: 33% 35 and over, 36% 30-34, 20% 25-29, 10% 19-24, 1% 16-18

⁸[Maternity survey 2023 - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/maternity-survey-2023)

The Patient Perspective initial preliminary report outlined how ESHT scored in the top 20% of Trusts on 39 out of 62 questions and in the bottom 20% of Trusts on 2 out of 62 questions:

- C6 'were you involved in the decision to be induced'.
- C12_4 'were you (and/or your partner or companion) left alone by midwives or doctors at a time when it worried you' 'yes during early labour'.

The final report included C6 as an area for improvement, for C12_4 ESHT was above Trust average. National comparisons regarding top and bottom 20% are not outlined in the final publication.

Benchmarking

Overall, for all three areas ESHT remained about the same however progress was made for both better than expected and much better than expected.

Number of questions ESHT performed better, worse, or about the same compared with most other trusts		Previous survey (2022)	Comparison with results from 2022		2021/22 comparison
Much better than expected	2	0	Statistically significant increase	13	1
Better than expected	12	0	No statistically significant change	35	41
Somewhat better than expected	8	3			
About the same	32	47	Statistically significant decrease	1	2
Somewhat worse than expected	0	1			
Worse than expected	0	0			
Much worse than expected	0	0			

Best and worst performance relative to the trust average



A plan of action has been prepared by the senior maternity team in collaboration with the Maternity and Neonatal Voices Partnership (MNVP) Chair for the five key areas listed for improvement opportunities, reviewed quarterly through the Quality and Safety Committee. Actions include 24 hour visiting which commenced in Autumn 2023 within ESHT, the review of Induction of labour is another key factor which is currently under review, with plans to launch the revised pathway in Spring 2024.

Conclusion

The 2023 survey provides good evidence that ESHT are delivering excellent care, areas where action has been identified are areas we are currently working on. Overall, the data shows that ESHT were out of 120 providers:>

- 8th best score for start of care (antenatal)
- 15th best for antenatal check ups
- 38th best for 'during pregnancy' (this is in the top half)
- 46th best for labour and birth (above the middle)
- 3rd best for 'staff caring for you'
- 28th best for 'care in the ward after birth'
- 24th for Feeding you baby
- 7th best for 'care at home after birth'

Our Vision and Objectives 2024/25

Purpose of the paper	To confirm the Trust's Vision and Objectives for 2024/25			
	For Decision	x	For Assurance	x
Sponsor/Author	Joe Chadwick Bell (CEO) / Simon Dowse (Director of Transformation, Strategy & Improvement)			
Governance overview	Much of the key content has been discussed at Board Seminar. An earlier draft of this paper was discussed at Executive Committee			

Strategic aims addressed	Collaboration	Improving health	Empowering people	Efficient/Sustainable
	x	x	x	x

Values reflected	Working Together	Improvement & Development	Respect & Compassion	Engagement & Involvement
	x	x	x	x

Recommendation	<ul style="list-style-type: none"> To note the refreshed Trust To approve the 24/25 Objectives
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Executive Summary	<p>The paper sets out the restated vision for our trust and the objectives for 2024/25 alongside key measurables that will move us toward those goals.</p> <p>Given the challenges facing the trust and our system as a whole over the next 2 to 3 years, most notably that too many people have to wait too long to access appropriate care and our financial position as a system is not sustainable, it is important that we have clear objectives to help us focus our efforts and prioritise improvements at all levels in the organisation.</p> <p>The Board should note in particular that the new strategic objective headings 'Quality, People and Sustainability' will become the framework for describing trust, division and service priorities going forward as well as tracking progress. These work hand-in-hand with the new values 'Kindness, Integrity and Inclusivity', which were co-developed internally with staff and the staff partnership forum.</p> <p>Together the vision, objectives and our values form the core of who we are and what we do and in the challenging years ahead we will need to hold true to both to deliver our goals.</p>
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Next steps	<ul style="list-style-type: none"> This paper (subject to any minor adjustments required) will be shared widely across all colleagues in the trust and with our system partners. Our new value will be launched in mid-April with a significant engagement process. As part of Business Planning for 24/25, these goals and objectives will also be discussed with each division, so that their contribution to each is clear and their priorities for the year ahead agreed.
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Our Vision and Objectives for 2024/25

We have refreshed our long-term vision for the organisation, which is **‘to deliver high quality care and experience for our patients, communities and colleagues’**.

This is underpinned by three strategic objectives – **Quality**, **People** and **Sustainability**.

High quality care and experience for our patients, colleagues and communities



As part of our strategy refresh and following a programme led by our partnership forum, we engaged with a significant number of colleagues to develop a new set of trust values:

KINDNESS

Kindness means treating others how you want to be treated and caring enough to get it right. It's the small acts of kindness – both to patients and each other - that make everyone's experience better.

INTEGRITY

Integrity is saying and doing the right thing, in the right way, for the right reasons. We should all come to work each day with the intention of giving the best of ourselves and doing the best for our patients, colleagues and the trust.

INCLUSIVITY

Inclusivity involves embracing differences and working together as a team. It's fundamental to providing the best care for our patients so we can make the trust a supportive workplace where everyone is welcomed and feels involved.

Delivering this vision whilst living our values is who we want to be as an organisation.

We have some challenging years ahead with tight funding across our system, a need to continue meeting growing demand and a need to speed up access to the right care for our patients.

Key Challenges

We have three key challenges we want to address:

- People are waiting too long to get necessary or effective interventions**
 This is probably the biggest detriment to quality of care in our system alongside people spending too long in hospital beds when having support at home would be much better and prevent deconditioning and patients waiting too long to access planned care and urgent care
- Our people need to feel engaged and supported**
 The challenges we are facing could put a strain on our people and our culture if we cannot embed our values, sustain positive engagement and make sure leaders and decision makers are all pulling in the right direction
- We are not using our resources as effectively as we could and our financial position is unsustainable**
 We have an unaffordable healthcare system and whilst our activity has increased, as has our income, we are less productive than we were in 2019/20. Our turnover has increased from £476m to around £657m and our workforce has increased by around 1500 people over the same period.

These are challenges for the whole of the NHS, but the solutions are local to us. However, the imperative will be to work with partners in health and social care to maximise the use of resources, address health inequalities and ultimately deliver high quality care, and we need our own approach to tackling them.

What does success look like?

Restore timely access to our services and create a financially sustainable position



Annual Objectives 2024/25

With our vision in mind and to tackle the challenges we face, we have developed our organisational objectives for this year. We do well across our quality metrics, but to continue and improve the delivery of safe care, improved outcomes and experience for patients we will **reduce unnecessary stays in beds and improve the speed of discharges**. One of the biggest risks to patient wellbeing is that people stay much longer in hospital beds than is healthy.

Just as critical is the need to enable people to access the right urgent care more quickly. **We must optimise the processes and resources across urgent care services (including our emergency departments)**.

We also need to shorten planned care waiting times for both our local and the wider Sussex population by:

- Improving the time to first outpatients appointments, tests and the first intervention for people with cancer
- Improving the speed of diagnosis
- Making the places where we deliver planned services more efficient (e.g. theatres)
- Reduce inequalities in the planned care waiting lists

We will be working with local partners to rollout integrated community teams to best utilise all the resources and ensure we are taking a holistic approach to the health and wellbeing of people in our communities.

In addition to these objectives, we will also **roll out our new approach to understanding and improving following incidents and complaints, using the Patient Safety Incident Response Framework (PSIRF)**.

For our colleagues we want to continue to foster a positive culture with everyone living our values, because we know that is when they will deliver their best for our patients.

We will work to **embed our new values** and use that process to engage with and listen to staff. We will work particularly on **reducing violence and aggression** faced by our staff.

We know our staff want to see improvements and deliver the best for patients, so alongside our new values we will also **initiate our 'Continuous Quality Improvement' programme** (called Brilliant Basics), which will provide staff with the key skills they need to achieve their local goals.

We must find the best way to use our resources to deliver clinical, workforce and financial outcomes. As we identify new service models that both improve care and use of resources we will also need to **define the future workforce** and begin to understand what roles and staff numbers are needed for new models of care.

Making our services more sustainable will be a challenge – but we will initiate a 'use of resources' programme to help us do that. An essential enabler for that to be successful will be **improving budget holder and decision maker skills** so our teams can keep within their respective budgets.

As an integrated acute and community provider it is within our gift to **optimise the balance of hospital and community-based delivery of care**. This means if it is better or safer for a patient to get their care or support at home *and* it is a better use of our resources to provide the care at home – we should do it!

Along with those key priorities above we will also focus on the **most challenged services and understand how to improve them or make them sustainable**, identifying where we can make **physical improvements** that enhance quality, people and sustainability and deliver as much, affordable, planned care as possible to help the whole of Sussex bring waiting times down.

Mission	Challenges	Annual Priorities (Top Priorities in Bold)	Annual Objectives
<p>QUALITY <i>"Delivering safe care; always improving outcomes and experience for patients"</i></p>	<ol style="list-style-type: none"> 1. Zero avoidable harms 2. Shorter waiting times for planned care 3. Timely access to appropriate urgent care 4. Key quality and patient outcome objectives 	<ul style="list-style-type: none"> • Reduce length of stay and improve timely discharge • Optimise resources and processes for urgent pathways • Improve time to 1st outpatient (or test) and 1st intervention for cancer • Improve diagnostic pathways • Improve productivity • Understand where any inequalities in planned care exist • Roll out PSIRF 	<ol style="list-style-type: none"> 1. Improve acute NEL LoS for 1+ day spells [exact target by service] 2. 77% 4-hour ED performance (national) in March 2025 3. Diagnostic wait times 92.5% wait less than 6 weeks (ICB) 4. 70% 62 Day Cancer performance (national) 5. 77% Faster Diagnostic Standard 6. Zero RTT waits >65 weeks (national) 7. Improve Theatre productivity – increase ACPL and day case rate (service targets) 8. Zero avoidable harms
<p>PEOPLE <i>"Fostering a positive culture; living our values; helping our teams feel equipped to deliver"</i></p>	<ol style="list-style-type: none"> 5. Improvement advocacy, morale & engagement 6. Matching skills and capacity to patients' needs 	<ul style="list-style-type: none"> • Reduce violence and aggression • Embed New Values • Initiate CQI programme • Define future workforce and map 'roles to new models' 	<ol style="list-style-type: none"> 1. Reduce Violence and aggression (staff survey and pulse surveys) 2. Values awareness (surveys) 3. Reduce sick days per WTE to <15 4. Increasing percentage of colleagues recommend the trust as place to work (staff and pulse surveys) 5. Increasing percentage of colleagues recommend the trust as place to be treated (staff and pulse surveys)
<p>SUSTAINABILITY <i>"Always searching for the best way to use our resources for clinical, workforce and financial outcomes"</i></p>	<ol style="list-style-type: none"> 7. Financial Breakeven 8. Achieve a more cost-effective, 'greener' estate and environment 9. Sustainable service models, locations and digital capability 	<ul style="list-style-type: none"> • Pay within budget and improve budget-holder skills • Optimise balance of hospital vs 'community' based delivery (phase 1) • Improvement & sustainability plans for 'ten priority services' (according to SLR) • Targeted improvements in physical environment • Maximise affordable elective delivery 	<ol style="list-style-type: none"> 1. Workforce spend and WTE - on plan (after CIP) 2. Successfully implemented year 1 of 'Art of the possible' Plan with demonstratable impact on bed demand (target bed impact wards year 1 – tbc in bed modelling) 3. Quarterly SLR reporting – improving EBITDA margin for the target services (deep dives to confirm target) 4. Planned activity – on plan or better (Plan by service tbc)
<p>10. Sitting across all three strategic objectives is the development of Integrated Community Teams - to best utilise resources and ensure we are taking a holistic approach to the health and wellbeing of people in our communities.</p>			

Trust Annual Financial Planning 2024/25

Purpose of the paper	To summarise 24/25 planning in terms of approach and current status.			
	For Decision	For Assurance	For Information	x
Sponsor/Author	Sponsor: Damian Reid (damian.reid1@nhs.net) Author: Matt Backler (matt.backler1@nhs.net)			
Governance overview	Full planning paper taken to the January F&P committee, updated paper presented to February and March committee			
Strategic aims addressed	Collaboration	Improving health	Empowering people	Efficient/Sustainable
		x		x
Values reflected	Working Together	Improvement & Development	Respect & Compassion	Engagement & Involvement
	x		x	
Recommendation	The Board is asked to approve the outline figures provided in this paper acknowledging they will likely be amended for the final plan submission on 2 nd May and delegating final plan approval to the Finance & Productivity committee.			
Executive Summary	<p>Timetable: Final plans due to ICB on 26th April and NHSE on 2nd May.</p> <p>Finance: The current plan is for a deficit of £17.3m after efficiency of just over 5.0%. In addition there are currently three significant issues beyond the figures included in the MTFP which mean the deficit is likely to be £8.7m above that quoted on the bridge taking the deficit to £26.0m</p> <p>Workforce: the workforce plan shows an expected reduction of 457 WTE in March 25 compared to the 23/24 outturn – a reduction of 5%. The total WTE in March 25 is expected to be 7,863.</p> <p>Performance: we are planning to hit the key NHSE performance measures by March 25, albeit the late increase of A&E target to 78% has not yet been reflected in submissions</p> <p>Activity: total combined elective and day case at 108%, first outpatients at 112% and follow with procedures at 108%. We are assuming a 3.5% growth in A&E and non-elective.</p> <p>System Plan</p> <ul style="list-style-type: none"> The system submission on 21st March will be a deficit of £101.7m after efficiencies of £197.1m. The system is expecting to spend £111.8m capital in 24/25 which includes a one of CDEL increase which will be paid back in future years of £19.4m The overall workforce position forecasts a reduction of 2.9%, by March 2025 compared with the December 2023 position. The following metrics are assessed as red: <ul style="list-style-type: none"> Number of CYP (0-17 years) on community waiting lists per system Number of adults on community waiting lists per system Virtual ward occupancy People with severe mental illness receiving a full annual physical health check 			
Next steps	<ul style="list-style-type: none"> Continue detailed bottom up planning Develop productivity plans 			

24/25 planning outline

1. Planning guidance

Planning guidance was released on 21st March to supplement some limited guidance that had been previously published. Notable items:

- ERF baseline will be the same as the initial 23/24 before the adjustments for IA. For Sussex this is 109% (ESHT blended rate with other commissioners slightly higher). This is a 4% increase on what we are being assessed on this year.
- A&E 4hr wait: national minimum increased from 76% to 78%
- Wait times: focus still on 65 week waits, not dropped to 52 week waits. Want all 65 week waits eliminated by September.

There is a national ask for acute headcount to reduce next year compared to the current year.

2024/25 priorities and operational planning guidance

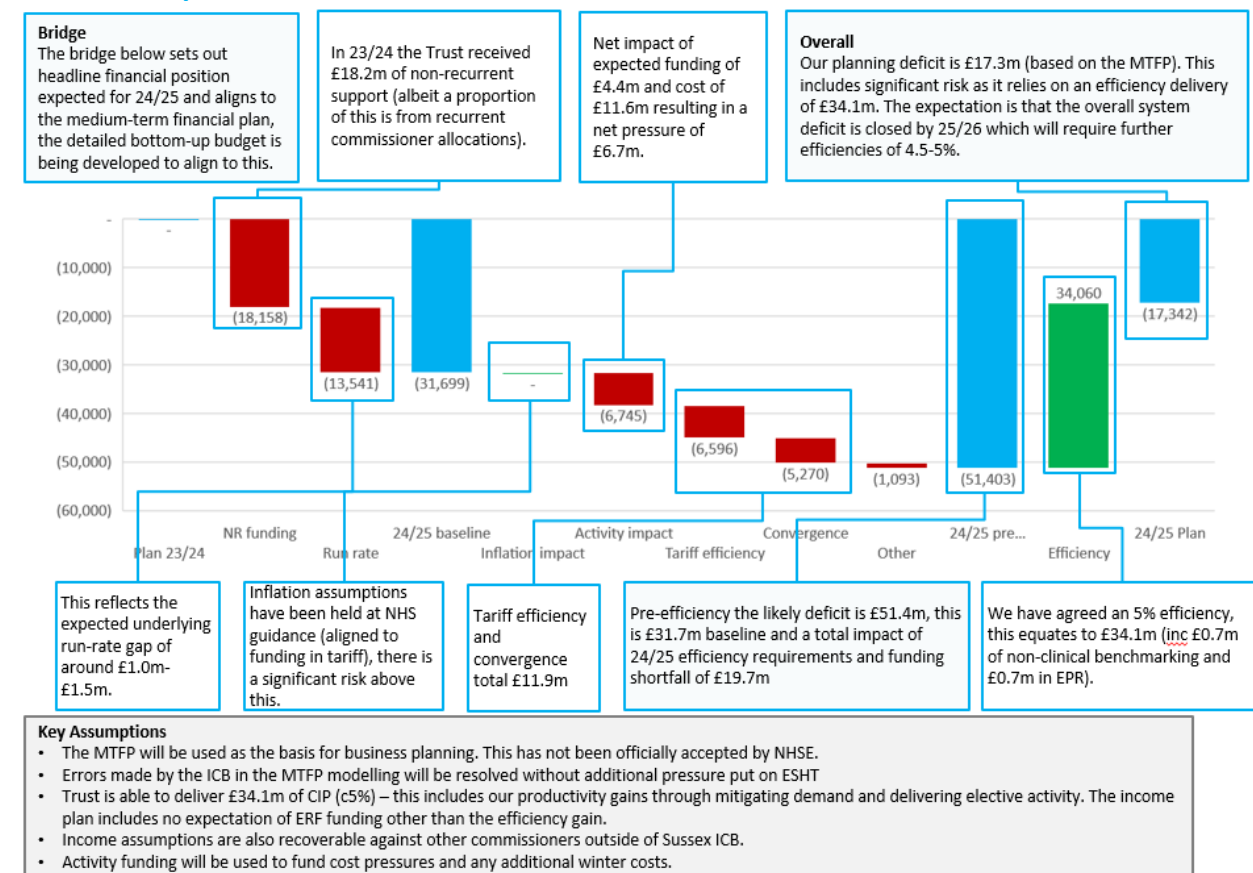
Area	Objective
Quality and patient safety	<ul style="list-style-type: none"> • Implement the Patient Safety Incident Response Framework (PSIRF)
Urgent and emergency care	<ul style="list-style-type: none"> • Improve A&E waiting times, compared to 2023/24, with a minimum of 78% of patients seen within 4 hours in March 2025 • Improve Category 2 ambulance response times to an average of 30 minutes across 2024/25 • Improve community services waiting times, with a focus on reducing long waits
Primary and community services	<ul style="list-style-type: none"> • Continue to improve the experience of access to primary care, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within 2 weeks and those who contact their practice urgently are assessed the same or next day according to clinical need • Increase dental activity by implementing the plan to recover and reform NHS dentistry, improving units of dental activity (UDAs) towards pre-pandemic levels
Elective care	<ul style="list-style-type: none"> • Eliminate waits of over 65 weeks for elective care as soon as possible and by September 2024 at the latest (except where patients choose to wait longer or in specific specialties) • Deliver (or exceed) the system specific activity targets, consistent with the national value weighted activity target of 107% • Increase the proportion of all outpatient attendances that are for first appointments or follow-up appointments attracting a procedure tariff to 46% across 2024/25 • Improve patients' experience of choice at point of referral
Cancer	<ul style="list-style-type: none"> • Improve performance against the headline 62-day standard to 70% by March 2025 • Improve performance against the 28 day Faster Diagnosis Standard to 77% by March 2025 towards the 80% ambition by March 2026 • Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028
Diagnostics	<ul style="list-style-type: none"> • Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%
Maternity, neonatal and women's health	<ul style="list-style-type: none"> • Continue to implement the Three-year delivery plan for maternity and neonatal services, including making progress towards the national safety ambition and increasing fill rates against funded establishment • Establish and develop at least one women's health hub in every ICB by December 2024, working in partnership with local authorities
Mental health	<ul style="list-style-type: none"> • Improve patient flow and work towards eliminating inappropriate out of area placements • Increase the number of people accessing transformed models of adult community mental health (to 400,000), perinatal mental health (to 66,000) and children and young people services (345,000 additional CYP aged 0–25 compared to 2019) • Increase the number of adults and older adults completing a course of treatment for anxiety and depression via NHS Talking Therapies to 700,000, with at least 67% achieving reliable improvement and 48% reliable recovery • Reduce inequalities by working towards 75% of people with severe mental illness receiving a full annual physical health check, with at least 60% receiving one by March 2025 • Improve quality of life, effectiveness of treatment, and care for people with dementia by increasing the dementia diagnosis rate to 66.7% by March 2025
People with a learning disability and autistic people	<ul style="list-style-type: none"> • Ensure 75% of people aged 14 and over on GP learning disability registers receive an annual health check in the year to 31 March 2025 • Reduce reliance on mental health inpatient care for people with a learning disability and autistic people, to the target of no more than 30 adults or 12–15 under 18s for every 1 million population
Prevention and health inequalities	<ul style="list-style-type: none"> • Increase the % of patients with hypertension treated according to NICE guidance to 80% by March 2025 • Increase the percentage of patients aged 25–84 years with a CVD risk score greater than 20% on lipid lowering therapies to 65% by March 2025 • Increase vaccination uptake for children and young people year on year towards WHO recommended levels • Continue to address health inequalities and deliver on the Core20PLUS5 approach, for adults and children and young people
Workforce	<ul style="list-style-type: none"> • Improve the working lives of all staff and increase staff retention and attendance through systematic implementation of all elements of the People Promise retention interventions • Improve the working lives of doctors in training by increasing choice and flexibility in rotas, and reducing duplicative inductions and payroll errors • Provide sufficient clinical placements and apprenticeship pathways to meet the requirements of the NHS Long Term Workforce Plan
Use of resources	<ul style="list-style-type: none"> • Deliver a balanced net system financial position for 2024/25 • Reduce agency spending across the NHS, to a maximum of 3.2% of the total pay bill across 2024/25

2. Planning Timetable

An initial submission was made on 28th March for which we are awaiting feedback. The final submission is due to NHSE on 2nd May and to the ICB for consolidation on 26th April.

We are therefore asking the Board to **delegate final plan approval to the Finance & Productivity committee.**

3. Financial plan



Currently three significant issues beyond the figures included in the MTFP which mean the deficit is likely to be £8.7m above that quoted on the bridge taking the deficit to £26.0m, these will need to be discussed with the ICB and there are reasons not to include but must be flagged as a likely difference:

- funding of £3.7m and for context utility inflation alone is expected to be £2.5m. The £2.0m also includes an assumption that drug inflation is only 0.6% in line with national expectations, pharmacy team believe this is too low. Capital has been excluded from this analysis.
- Pay inflation assumptions (relating to drift and prior year) have been assumed to be in line with national funding equating to £3.6m (we do however understand that the CUF may be revisited to address this)
- Due to the significant capital spend we are seeing large increases in capital charges – both depreciation and PDC. The tariff allows for some cost increase (£0.6m) however this is significantly below what we are experiencing – an increase of £5.5m over 23/24 plan, a gap of £5.0m. We do expect there to be at least some national funding of capital costs (current deficit excludes any – including those funded in 22/23). MTFP allows for £2.4m of capital increase – therefore a gap of £3.1m

The ICB is under significant pressure – both to actually be able to stick to the MTFP but also to improve upon it. We have been asked “what would it take to breakeven”, which shows the pressure the ICB leadership is feeling and is subsequently translating onto us.

Appendix 1 reconciles the position to the MTFP.

4. Workforce plan

	23/24 outturn	24/25 March	Var	Var%
Substantive	7,645	7,255	(390)	-5%
Bank	563	507	(56)	-10%
Agency	112	101	(11)	-10%
Total	8,320	7,863	(457)	-5%
Var to budget	170	341	171	101%
Establishment	8,490	8,204	(286)	-3%

The current plan was adjusted to ensure that the required workforce reductions would be in place to ensure that financial targets were met. The latest iteration shows an expected decrease of 457 staff from March 24 to March 25. The establishment has also been reduced but the plan will need further refinement with greater clarity on CIPs to be achieved, agreed cost pressures/workforce developments and the workforce breakdown of reductions before the final submission. The substantive workforce is forecast to reduce by % and agency and bank, both by 10%.

5. Activity and performance planning

The table below sets out the initial metrics being requested by NHSE.

A&E 4hr		65w Waits		Value weighted activity (%)	62 day performance	
Mar-24	Mar-25	Sep-24 waits	Month reach zero		Mar-24	Mar-25
76%	77%	0	April	108%	70%	70%

Performance	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
AE Performance	76%	76%	76%	75%	75%	75%	75%	74%	73%	73%	74%	77%
65+ Week RTT Waits	65	35	0	0	0	0	0	0	0	0	0	0
62 Day Cancer Performance	66%	68%	70%	70%	67%	70%	70%	70%	67%	70%	70%	70%
28 Day Faster Diagnosis Standard	75%	75%	75%	76%	76%	76%	77%	77%	77%	77%	77%	77%
Average Adult G&A Beds	767	753	733	733	733	733	733	757	776	776	776	768
NCTR Patients	189	179	169	164	159	159	164	168	170	168	164	159

Elective Activity	23/24 FOT	24/25 Plan	Against 19/20
Elective Daycase Spells	47,204	51,606	110%
Elective Ordinary Spells	4,402	4,658	90%
Total Elective Spells	51,606	56,264	108%
First outpatient attendances	126,696	120,371	112%
Follow Up Outpatient attendances	241,525	218,588	108% for Procedures 102% for Non Proc

Non Elective Activity	23/24 FOT	24/25 Plan	Growth
Type 1 Attendances	118,458	122,849	3.5%
Type 3 Attendances	39,330	40,404	3.5%
A&E Attendances	157,788	163,253	3.5%
Non Elective Spells	50,809	52,337	3.0%
Diagnostics	163,277	167,674	0.6%

In particular the performance metrics will need to be considered in light of the planning guidance published on 28th March – which has increased the A&E target to 78%.

6. ICB plan

6.1. Finance

The system submission on 21st March will be a deficit of £101.7m after efficiencies of £197.1m.

Organisation (£m)	Revenue position		Efficiency Plan			Agency Costs
	Feb draft	March plan	Feb draft	March plan	%	% of Total Pay
EHST	(20.0)	(20.6)	31.5	30.8	4.6%	3.2%
QVH	-	-	4.7	4.7	4.3%	2.1%
SCFT	(2.0)	-	14.0	14.9	4.5%	2.7%
SPFT *	(21.5)	(20.5)	32.7	32.9	7.9%	7.0%
UHSx	(44.9)	(44.9)	75.0	75.0	4.8%	1.1%
ICB	(20.2)	(15.7)	28.8	38.8	4.6%	
System	(108.6)	(101.7)	186.7	197.1	5.1%	2.7%

* Hampshire CAMHS has been removed from all expenditure to only include Sussex Services

The system is expecting to spend £111.8m capital in 24/25 which includes a one of CDEL increase which will be paid back in future years of £19.4m. Of this ESHT represents £29.0m (including £2.5m OCC spent on behalf of the system).

6.2. Workforce

The overall workforce position forecasts a reduction of 2.9%, by March 2025 compared with the December 2023 position.

Significant reduction in temporary workforce is planned for 24/25 to reduce the high temporary staff costs. This is reflected in the reduction of agency spend as a percentage of total cost, 1.6% agency cost reduction from 4.3% in 23/24 to 2.7% in 24/25.

The providers were asked to plan for no growth in the substantive workforce plan. Triangulation review is still on going and the workforce plan may not fully reflect the efficiency target in the finance plan.

6.3. Performance

The ICB has assessed local plans to identify risk of compliance against the interim planning guidance (8th Feb). The following metrics are assessed as Amber:

- % of GP appointments seen within two weeks
- Units of dental activity contracted

The following metrics are assessed as red:

- Number of CYP (0-17 years) on community waiting lists per system
- Number of adults on community waiting lists per system
- Virtual ward occupancy

People with severe mental illness receiving a full annual physical health check

Appendix 1: reconciliation to MTFP

	ESHT
MTFP baseline (v12.0)	(29,934)
Confirmed	
Change to NR/ Rec	11,995
Growth funding	(2,962)
Depreciation funding Dif	(719)
Convergence	1,305
Change in inflation assumptions	4,133
CUF on income	600
Deficit repayment	(673)
Additional CIP	6,525
Other rounding	201
EPR error	(813)
Local authority exclusion	(7,000)
	(17,342)

Confirmed items

Change to Non-recurrent/recurrent split: changes pertain to income only as there are no associated non-recurrent services. New split agreed with CFO's.

Growth funding: ICB have asked us to model not getting any growth funding from them and have also stated they have agreed with other systems that they won't pay growth and therefore we won't receive it.

Depreciation funding difference: change in national allocation to ESHT for depreciation support

Convergence: change in rate applied to Sussex

Inflation assumptions: we have been asked to match national assumptions, this is a direct change to the policy in the MTFP and adds more risk to the position (see issues slide)

CUF on income: this is cost uplift factor, which is 0.1% higher than in the MTFP resulting in additional income.

Deficit repayment: additional charges against providers compared to MTFP

Additional CIP: Efficiency has been increased from 4.0% to 5%.

EPR error: there was a technical error made by the external consultants in the model, this has been identified and shared with the ICB. We did not have sight of the full model till after the process.

Local authority exclusion: the baseline should have been adjusted for £7.0m of non-recurrent income. This was an error made by the ICB team which they have acknowledged.

Committee-in-Common

Purpose of the paper	To explain the Sussex Health and Care System oversight approach and specifically agree the terms of reference of the Committee-in-Common			
	For Decision	X	For Assurance	For Information
Sponsor/Author	Joe Chadwick-Bell – Chief Executive			
Governance overview	The terms of reference and wider paper on strategic commissioning was discussed and agreed at the NHS Sussex Board on 27 March. There have also been a range of discussions through ESHT board seminars, briefings and the Executive Committee.			

Strategic aims addressed	Collaboration	Improving health	Empowering people	Efficient/Sustainable
	X	X	X	x

Values reflected	Working Together	Improvement & Development	Respect & Compassion	Engagement & Involvement
	x	X	x	X

Recommendation	<p>The Board is asked to</p> <ul style="list-style-type: none"> • Note – the wider update on the system oversight approach. • Agree– the terms of reference for the Committee-in-Common.
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Executive Summary:	<p>An important part of this governance change is how NHS organisations in Sussex collaborate and take decisions to deliver the aims of the Improving Working Lives Together. At present this is managed through the System Oversight Board and its working groups. It was agreed via discussions with the NHS system-wide Chair and Chief Executive Officer forum in late 2023 that in addition to establishing an acute and community provider collaborative we should also establish a Committee in Common to ensure collective ownership and shared direction, grip and oversight of our integrated care strategy, financial sustainability and clinical transformation.</p> <p>To achieve a high functioning CiC, each organisation will establish a committee with the same terms of reference and purpose and similar membership, proposed as the Chair, CEO and a NED. These committees will then meet in common with a shared agenda based on a collectively agreed forward look.</p> <p>No formal functions are related to the committee and decisions are made by committee members based on their own delegated authority. Each organisation remains sovereign. All efforts will be made to design agendas and preparatory work in a way that enables collective decision making. In the end of the committees (when meeting in common) being unable to make a decision, members may need to confer with wider board members.</p> <p>Where the committees, when meeting in common, agree that work needs to be taken forward, they will recommend or agree a lead organisation who can coordinate and convene to deliver it. This could be a provider, a provider collaborative, a place partnership, an alliance (VCSE or Hospice) or an ICT.</p> <p>The CiC will have a membership of NHS organisations with responsibility for delivering the system strategy. This will include the NHS Sussex ICB East Sussex NHS Healthcare NHS Trust, Queen Victoria Hospital NHS Foundation Trust, South East Coast Ambulance Service NHS Foundation Trust, Surrey and Sussex Healthcare NHS Trust,</p>
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Sussex Community NHS Foundation Trust, Sussex Partnership NHS Foundation Trust, University Hospitals Sussex NHS Foundation Trust and the Sussex Primary Care Collaborative. NHS Organisations are asked to take the Terms of Reference (included as an appendix to this paper) and a covering paper through their own governance procedures in Q1 2024/25. We will look to convene an initial meeting of this group once the principles are confirmed. When the committees begin to meet in common, the System Oversight Board will be disestablished, and its functions will be distributed to the CiC or to provider collaboratives.



Local government partners will continue to be involved in the Sussex system strategy oversight and delivery via the Assembly, Health & Wellbeing Boards, Health Scrutiny Committees, Place Partnerships and their membership of the NHS Sussex Board. In addition, Local Government partners may join working groups or delivery boards where appropriate.

The schedule and forward look of the committees when meeting in common will be brought to the initial (or a preliminary) meeting of the committees for agreement. It will be expected to cover the core remits in the terms of reference, both in terms of routine stocktakes and specific focus items:

- Data-led oversight of NHS contribution to shared strategy and delivery plan.
- Establish a shared NHS Medium Term Financial Plan in Sussex over next five years.
- Collective leadership of clinical and financial transformation of NHS in Sussex.

Provider Collaboratives

NHS providers across Sussex are currently working through the governance arrangements and workplan for the new provider collaboratives. They are intended to be the way in which healthcare providers in Sussex, formally come together to deliver the ambitions of our strategy, Improving Lives Together. The following principles will underpin how these collaboratives operate:

- *a shared vision and commitment to collaborate.*
- *strong accountability mechanisms for members*
- *building on existing successful governance arrangements*
- *efficient decision-making*
- *embedding clinical and community voices*

	<ul style="list-style-type: none"> • <i>streamlining ways of working</i>
Next steps	<p>Timelines for implementation for the CiC</p> <ul style="list-style-type: none"> • The ToR were approved by NHS Sussex on 27 March 2024 • Member organisations will take the ToR through their own governance arrangements in Q1. • Formal meetings to commence in Septembers 2024 • Preparatory session to have taken place before July 2024 • ESHT to set up the CiC and consider the role of the Strategy Committee given the change to the Sussex wide approach.

Sussex NHS Committees in Common

**TERMS OF REFERENCE FOR A
COMMITTEE OF THE BOARD TO MEET
IN COMMON WITH COMMITTEES OF
OTHER ORGANISATIONS**

TERMS OF REFERENCE

1 Introduction

- 1.1 NHS organisations in Sussex are establishing a new governance structure – via a set of Committees in Common (CiC) - to enable collaborative working to drive delivery of our shared strategy 'Improving Lives Together'.
- 1.2 The organisations establishing committees to meet in common will be the NHS Sussex Integrated Care Board, East Sussex NHS Healthcare Trust, Queen Victoria Hospital NHS Foundation Trust, South East Coast Ambulance Service NHS Foundation Trust, Surrey and Sussex Healthcare NHS Trust, Sussex Community NHS Foundation Trust, Sussex Partnership NHS Foundation Trust, University Hospitals Sussex NHS Foundation Trust and the Sussex Primary Care Collaborative.
- 1.3 Each organisation has agreed to establish a committee which shall work in common with the other CiCs, but which will each take its decisions independently on behalf of its own organisation.
- 1.4 While this governance model permits a committee to meet separately, it is expected that they will usually only meet in common and assurance and escalations will go to sovereign organisations' Boards.
- 1.5 Each organisation has decided to adopt terms of reference in substantially the same form to other organisations, except that the membership of each committee will be different.

2 Aims and Objectives of the [insert organisation name] CiC

- 2.1 The aims and objectives of the CiC are to work with the other CiCs to:
 - Work together to improve the population health outcomes, reduce the health inequalities and enhance the productivity of the NHS services in Sussex
 - Collectively lead the NHS contribution to the Sussex Integrated Care System strategy 'Improving Lives Together' and delivery of the in-year aims of the Shared Delivery Plan (Joint Forward Plan under the Health and Care Act 2022)
 - Collectively lead the clinical and financial transformation of the NHS in Sussex to deliver new, integrated and affordable models of care over the next 5 years

3 Specific Functions

3.1 The functions of the committee will be carried out via powers delegated to the committee members by *[insert organisation name]* Board.

3.2 Data-led oversight of NHS contribution to shared strategy and delivery plan

Each year a Shared Delivery Plan will be agreed (Joint Forward Plan as per the Health and Care Act 2022) in line with the system's strategy. The CiCs will collectively take decisions to:

- Agree a schedule of work to review each component of the plan and progress of the plan as a whole.
- Review a standard routine set of insight and analytical information on progress against objectives.
- Recommend and steer deep-dive analyses to identify issues and agree actions for ICB and system delivery partners to resolve delivery problems
- Work with other governance fora to ensure actions can be taken forward by the right organisations
- Review the annual refresh of the delivery plan and make recommendations on the associated targets, trajectories and oversight approaches

3.3 Establish a shared NHS Medium Term Financial Plan in Sussex over next 5 years

The NHS in Sussex will agree a shared set of financial goals to operate within a finite funding envelope and work to meet our medium-term plans. In this context the committee will:

- Assess the population and demographic growth to forecast the demand for all key NHS services in each Integrated Community Team footprint
- Assess the cost growth of delivering these NHS services in each Integrated Community Team footprint against the forecasted financial allocations from NHS England
- Assess the clinical effectiveness and financial productivity of existing service models to identify the greatest opportunities for improvement across Sussex
- Collectively assess data and insight to form a shared view of the major opportunities, challenges, risks, barriers and mitigations to the delivery of the Medium Term Financial Plan
- Define the programmes, project management resources and leadership accountabilities to achieve the Medium Term Financial Plan goals

3.4 **Collective leadership of clinical and financial transformation of NHS in Sussex**

The CiC will empower clinical and subject matter experts to lead the development of new, integrated and affordable models of NHS care in Sussex over the next 5 years to deliver the biggest health benefits to the greatest number of patients and service users by:

- Engaging and involving clinical leaders from all levels within the system on the prioritisation and development of new models of care and integrated patient pathways across different providers
- Seeking national expert advice to learn from the experience of other systems in transforming clinical and integrated care pathways
- Engaging and involving digital health and process improvement experts to support the digitisation and automation of new integrated care pathways
- Agreeing Senior Responsible Officers with appropriate delegated authority to create specific, measurable, realistic and timebound plans to deliver the specific clinical and financial transformations with the required individuals, organisations and collaboratives
- Tracking actions to ensure implementation, follow up and support where needed

3.5 **Review effectiveness and terms of reference of the committee on annual basis**

The CiC will assess its own effectiveness and terms of reference on an annual basis to ensure that its aims, objectives and specific functions are still relevant so that recommendations for improvement can be made to the Board of each member organisation for review and approval.

4 Establishment

- 4.1 The *[insert organisation name]* CiC is a committee of *[insert organisation name]* Board and therefore can only make decisions binding *[insert organisation name]*. None of the organisations other than *[insert organisation name]* can be bound by a decision taken by *[insert organisation name]* CiC.

5 Membership

5.1 The *[insert organisation name]* CiC shall be constituted of directors and non-executive directors of *[insert organisation name]*. Namely:

5.1.1 ***[insert organisation name]*** Chair; and

5.1.2 ***[insert organisation name]*** Chief Executive,

5.1.3 ***[insert organisation name]*** Non-executive director with skills relevant to the CiC's functions

and each shall be referred to as a "Member".

5.2 Each *[insert organisation name]* CiC Member shall nominate a deputy to attend *[insert organisation name]* CiC meetings on their behalf when necessary.

5.3 The Nominated Deputy for *[insert organisation name]* CiC's Chair shall be a Non-Executive Director of *[insert organisation name]* and the Nominated Deputy for *[insert organisation name]* Chief Executive shall be an Executive Director of *[insert organisation name]*.

5.4 In the absence of the *[insert organisation name]* CiC Chair Member and/or the *[insert organisation name]* Chief Executive Member, a Nominated Deputy shall be entitled to:

5.4.1 attend ***[insert organisation name]*** CiC's meetings;

5.4.2 be counted towards the quorum of a meeting of ***[insert organisation name]*** CiC's; and

5.4.3 exercise Member voting rights subject to delegated authority.

6 Non-voting attendees

6.1 Only members of the committee in common have the right to attend meetings, however all meetings of the committee will also be attended any other attendees that the committee considers have expertise that would be relevant to the responsibilities of the committee or specific agenda items.

6.2 Other individuals may be invited to attend all or part of any meeting as and when appropriate to assist it with its discussions on any particular matter.

6.3 The Chair may ask any or all of those who are in attendance, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.

7 Meetings

- 7.1 Subject to paragraph 10 below, meetings in common shall take place every other month.
- 7.2 Meetings of the [*insert organisation name*] CiC shall be held in public.
- 7.3 Meetings in common will be chaired by the NHS Sussex Chair and supported by a secretariat from NHS Sussex (see below).
- 7.4 A vice-chair should be nominated and appointed by the CiC. In the absence of the [*insert organisation name*] CiC Chair the Nominated vice-chair [*insert organisation name*] shall chair the meeting.
- 7.5 Any CiC Chair may request an extraordinary meeting of the CiCs (working in common) on the basis of urgency etc. via the secretariat, with timings agreed by mutual consent.
- 7.6 When there is an urgent matter where a decision is required outside of the meeting (which cannot wait for the next scheduled meeting), the Chair of Committee may make a decision after conferring with at least two other members ("Chair's Action").
- 7.7 When Chair's Action has been taken then the next quorate meeting of the Committee must ratify it. Urgent decisions will only be taken when there is insufficient time available for the decision to be delayed until the next meeting.

8 Quorum and Voting

- 8.1 Each Member of the [*insert organisation name*] CiC shall have one vote. The [*insert organisation name*] CiC shall reach decisions by consensus of the Members present.
- 8.2 The quorum for an individual CiC shall be two (2) Members.
- 8.3 If any Member is disqualified from voting due to a conflict of interest, they shall not count towards the quorum for the purposes of that agenda item.

9 Conflicts of Interest

- 9.1 Members of the [*insert organisation name*] CiC shall comply with the provisions on conflicts of interest contained in [*insert organisation name*] Constitution/Standing Orders, and NHS Conflicts of Interest guidance.
- 9.2 All Members of the [*insert organisation name*] CiC shall declare any new interest at the beginning of any [*insert organisation name*] CiC meeting and at any point during a [*insert organisation name*] CiC meeting if relevant.

10 Attendance at meetings

- 10.1 *[insert organisation name]* shall ensure that, except for urgent or unavoidable reasons, *[insert organisation name]* CiC Members (or their Nominated Deputy) shall attend *[insert organisation name]* CiC meetings (in person or virtually) and fully participate in all *[insert organisation name]* CiC meetings.

11 Behaviours and conduct

- 11.1 Members will be expected to conduct business in line with their organisation's values and objectives.
- 11.2 Members of and those attending the committee shall behave in accordance with their organisational constitution, Standing Orders, Standards of Business Conduct Policy
- 11.3 Members have a duty to demonstrate leadership in the observation of the NHS code of conduct and to work to the Nolan Principles which are selflessness, integrity, objectivity, accountability, openness, honesty and leadership.
- 11.4 The committee will apply best practice in its deliberations and in decision-making processes. It will conduct its business in accordance with national guidance and relevant codes of conduct.
- 11.5 All members are expected to comply with relevant policies and procedures regarding confidentiality and information governance, noting the sensitivity of information to be discussed when committees meet individually or in common.

12 Secretariat

- 12.1 The Committees, when meeting in common, shall be supported with a secretariat function which will include ensuring that:
- The agenda and papers are prepared and distributed in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant executive leads;
 - Attendance of those invited to each meeting is monitored and highlighted to the Chair those that do not meet the minimum requirements;
 - Good quality minutes are taken in accordance with the standing orders and agreed with the chair and that a record of matters arising, action points and issues to be carried forward are kept;
 - The committee is updated on pertinent issues, areas of interest and

policy developments;

- Action points are taken forward between meetings and progress against those actions is monitored; and
- Committee papers will be stored and archived.

12.2 The secretariat shall be responsible circulation of a committee report and minutes to members within a week of the meeting for agreement

12.3 Where a CiC meets individually (not in common) an individual organisation will be responsible for secretariat arrangements.

APPROVED BY *[insert organisation name]* BOARD *[date]*

Digital Strategy

Purpose of the paper	To provide an update on the progress that has been made on delivering elements of the Digital strategy from 2021 - 2024			
	For Decision	For Assurance	x	For Information
Sponsor/Author	Damian Reid / Andy Bissenden			
Governance overview	Finance & productivity Committee Digital Steering group			
Strategic aims addressed	Collaboration	Improving health	Empowering people	Efficient/Sustainable
		x		x
Values reflected	Working Together	Improvement & Development	Respect & Compassion	Engagement & Involvement
	x	x		x
Recommendation	The Board is asked to note the progress made on delivering the Digital Strategy and progress made on the EPR procurement and benefits. Along with the assurance provided by HIMSS			
Executive Summary	<ul style="list-style-type: none"> • Successful signoff of our acute EPR Outline Business case by the NHS England EPR Investment board. • Start of the Tender Process at the end of March and the next milestones • Provides results of our three HIMSS assessments, showing good progress on the delivery of the Digital Strategy. • Acute EMRAM Level 3 • Community EMRAM Level 3 • Infrastructure INFRAM Level 4 • Areas to be addressed on delivering HIMSS level 6/7 over the next 2/3 years of the strategy have been identified. 			
Next steps	<ul style="list-style-type: none"> • Further EPR Readiness • FBC Sign off. • EPR Tender Award • HIMMS Assessment in 2026 			

Digital Strategy Update

Background

In 2021 we started on a new 5 Year Digital strategy. This strategy had eight overall objectives, four of which were:

- Introduce a single Electronic Patient Record (EPR) across all our services.
- Ensure that our infrastructure and all our data held in our systems is protected.
- Ensure the digital infrastructure in our buildings is consistent and resilient.
- Achieve HIMSS (Healthcare Information and Management Systems Society) Level 7 by 2026

In 2021 we measure our acute HIMSS level as zero. We are now three years into the strategy and have delivered several improvements along with the ongoing EPR readiness. Now halfway through the strategy we have again measured our HIMSS across three areas and this year we have scored the following.

- Acute EMRAM Level 3
- Community EMRAM Level 2
- Infrastructure INFRAM Level 4

This has shown great improvement on our Digital journey over the last 3 years and puts the organisation on track to meet its target of Level 6/7 by the end of 2026.

Over that last two years we have also secured national funding of £18M from the Frontline Digitisation (FD) programme to implement an EPR across the Acute, which will replace several legacy systems.

EPR Programme

Following significant engagement across the Trust and in conjunction with market testing, the output-based specification has been produced and signed off. The Outline Business Case was presented to the NHS England EPR Investment Board in September 2023 where it was approved, subject a few conditions. The Trust has now been given approval to proceed to tender. On Monday 25th March 2024 we went out to tender on the Health Systems Support Framework.

Procurement Timeline

The procurement will comprise a 6-week tender submission window followed by a 10-week evaluation period, encompassing evaluations of the various submissions, system demonstrations from shortlisted suppliers, reference site visits and moderation workshops.

Once a preferred bidder has been identified the intent to award notification will be issued and the 10-day standstill period will commence. On the assumption no material challenge is raised the Full Business Case (FBC) (which is being developed in a parallel workstream) will be finalised and presented to relevant internal Trust Boards and Committees for approval. In parallel with the Trust approval process, the FBC will also undergo detailed Regional and National scrutiny as part of the FD

approvals process while the Trust undertakes contract finalisation with the chosen supplier. The contract would be signed following FD approval which, based on the current modelling, would be mid-October.

The timeline is shown below in tabular form; the dates presented are based on modelling undertaken jointly between the Trust and LPP, are based on information available as of March 2024 and assume no material delays to the process, including external and/or political factors.

Milestone	Target Date(s)
OBC Approval at EPRIB	20/09/2023
ITT Pack Published on Atamis Portal (for Tender)	25/03/2024
Deadline for ITT submissions (Suppliers)	03/05/2024
Evaluation phase	17/05/2024 – 11/06/2024
Supplier Demonstrations	11/06/2024 – 17/06/2024
Site Visits	18/06/2024 – 01/07/2024
Clarification Moderation Workshops	02/07/2024 – 15/07/2024
Procurement Outcome Report	18/07/2024 – 23/07/2024
FBC Completion and Trust Approvals	30/07/2024 – 23/08/2024
Intention to Award Contract Notification and Standstill	30/08/2024 – 12/09/2024
Regional and National Approval of FBC	30/07/2024 – 15/10/2024
Contract Finalisation	17/09/2024 – 15/10/2024
Contract signed and implementation can commence	16/10/2024

EPR Benefits

In developing the EPR benefits, the Team held a series of workshops involving over 120 clinical and non-clinical Trust staff, producing a significant list which has been refined down to 54 manageable benefits. The benefits break down into four categories:

- **Cash-Releasing**, where recurrent financial savings can be delivered.
- **Non-Cash Releasing**, where smaller benefits can be costed but not necessarily have those costs removed from baseline budgets.
- **Unmonetisable**, where benefits don't offer financial savings but instead offer improvements in other areas e.g. (data) governance, confidentiality, staff experience etc.
- **Societal**, where the wider system/society benefits from the programme in areas such as sustainability, green initiatives such as carbon reduction due to fewer journeys resulting from all necessary clinical information being available to clinicians both within the Trust and within the wider healthcare system.

The OBC presented a conservative set of benefits totalling circa £26.6m over the 10 years of the programme, but subsequent very detailed work has seen this figure increase significantly. We have calculated the 10-year programme lifetime benefit total to be £71.336m, giving a benefit cost ratio of 2.72 when set against the programme costs.

Acute EMRAM (Electronic Medical Record Adoption Model)

Acute Services (Stage 3)

The overall scores for Stages 1- 3 were very good. Looking at Stage 4, the following table tells us that:

- 1) There were mandatory elements for this stage that were not met (indicated by the red RAG status)
- 2) The minimum score of 70% was not met (indicating there were multiple questions where the standard was not met).

Stage Achievement	3	Highest stage according to the online self-assessment
Percent Achievement	60%	% accomplishment against EMRAM model
Stage 7	54%	Stage not achieved
Stage 6	53%	Stage not achieved
Stage 5	60%	Stage not achieved
Stage 4	55%	Stage not achieved
Stage 3	85%	Stage achieved
Stage 2	92%	Stage achieved
Stage 1	93%	Stage achieved

Scores broken down below.

Stage	Data Capture & Health Information Exchange	Patient Engagement	Healthcare Analytics & Outcomes Measurement	Resilience Management	Clinical User Adoption
Stage Achievement	3	0	2	3	3
Percent Achievement	69%	32%	63%	61%	66%
Stage 7	63%	21%	59%	34%	55%
Stage 6	38%	41%	60%	60%	54%
Stage 5	53%	40%	100%	68%	54%
Stage 4	65%	25%	91%	35%	40%
Stage 3	77%	N/A	50%	80%	100%
Stage 2	90%	N/A	93%	87%	100%
Stage 1	97%	N/A	100%	71%	100%

From the table above we noted:

- 1) While the Stage 3 score was good, there is potential improvement to be had in the area of Healthcare Analytics & Outcome Measures.
 - a. This turns out to be constrained by the lack of Clinical Decision Support and associated governance. This is very likely to improve with your new EPR and will not impede your journey to Stages 4 and 5.

- 2) There are a few areas that are constraining your ability to achieve Stage 4 and above, but area of focus should be:
 - a. increasing clinical user adoption; particularly in order communications.
 - i. Again, one would hope that clinical use (adoption) of the system will improve with the new EPR.
 - b. bedside scanning of medications and blood products
 - i. This may need to be specifically specified in your EPR Specification of Requirements

Community EMRAM (Electronic Medical Record Adoption Model)

Community Services (Stage2)

As with the Acute assessment, the overall scores for Stages 1 - 3 were good. However, there were two (related) mandatory elements that constraining our ability to achieve Stage 3.

Stage Achievement	2	Highest stage according to the online self-assessment
Percent Achievement	58%	% accomplishment against EMRAM model
Stage 7	43%	Stage not achieved
Stage 6	63%	Stage not achieved
Stage 5	61%	Stage not achieved
Stage 4	65%	Stage not achieved
Stage 3	80%	Stage not achieved
Stage 2	91%	Stage achieved
Stage 1	95%	Stage achieved

The scores are broken down below.

Stage	Data Capture & Health Information Exchange	Patient Engagement	Healthcare Analytics & Outcomes Measurement	Resilience Management	Clinical User Adoption
Stage Achievement	2	0	2	4	2
Percent Achievement	62%	37%	54%	71%	68%
Stage 7	42%	22%	46%	34%	65%
Stage 6	54%	50%	72%	75%	57%
Stage 5	52%	43%	100%	68%	57%
Stage 4	50%	50%	83%	70%	60%
Stage 3	77%	N/A	50%	100%	80%
Stage 2	90%	N/A	100%	82%	100%
Stage 1	94%	N/A	100%	92%	100%

While the Stage achievement was constrained by the mandatory items, overall scoring in both Healthcare Analytics & Outcomes Measurement and Resilience Management is very good. However, the Community services benefited from some elements not being applicable (for which we do not get penalised). This has the effect of lowering the denominator when calculating percentages which can lead to a slightly improved perception.

The two mandatory items constraining the achievement of Stage 3 both relate to the very limited use of Order Communications within the community setting. As noted in the Acute analysis, the use of Order Comms will want to be one of our focus areas under the new EPR.

Infrastructure Adoption Model (INFRAM) Stage 4

Stages 1-4 were very good scores.

Stage Achievement	4	Highest stage according to the online self-assessment
Percent Achievement	47%	% accomplishment against INFRAM model
Stage 7	21%	Validation Required
Stage 6	35%	Validation Required
Stage 5	43%	Stage Not Achieved
Stage 4	84%	Stage Achieved
Stage 3	79%	Stage Achieved
Stage 2	91%	Stage Achieved
Stage 1	96%	Stage Achieved

Breaking down the scores

Stage	Network Transport	Wireless and Mobility	Communication and Collaboration	Security	Data center
Stage Achievement	2	4	4	4	4
Percent Achievement	49%	40%	49%	52%	46%
Stage 7	28%	4%	14%	35%	22%
Stage 6	56%	13%	43%	50%	16%
Stage 5	0%	58%	64%	22%	62%
Stage 4	69%	100%	79%	95%	80%
Stage 3	53%	100%	86%	72%	100%
Stage 2	83%	100%	84%	100%	100%
Stage 1	100%	100%	82%	100%	100%

Focus on achieve the next stages upto 7 needs to be on network transport and security

NHS Leadership Competency Framework for Board Members

ESHT Board Briefing

Purpose of the paper	The purpose of this paper is to introduce the Trust Board to the New Leadership Competency Framework for Board members, and how this should be rolled out for East Sussex Healthcare NHS Trust.			
	For Decision	x	For Assurance	For Information
Sponsor/Author	Steve Aumayer			
Governance overview	The Framework has recently been published by NHSE.			

Strategic aims addressed	Collaboration	Improving health	Empowering people	Efficient/Sustainable
	x	x	x	x

Values reflected	Working Together	Improvement & Development	Respect & Compassion	Engagement & Involvement
	x	x	x	x

Recommendation	Board members are asked to consider how it is proposed we implement the Framework and are to approve the implementation plan in Section 6 of the main report, which is included below.
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Executive Summary	<p>This brief paper describes the Leadership Competency Framework for Boards published by NHS England and recommends actions for ESHT based on the recommendations and content within it.</p> <p>The paper is self-explanatory and recommends the actions below:</p>
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Action	Date
Using the self-assessment tool, all Board members personally assess their performance against the Leadership Competency Framework	End May 2024
Results to be shared with the Deputy CEO / Chief People Officer and combined to give an overall Board view of strengths and weaknesses	End June 2024
Board Seminar to take place on overall Board results and agreement of a development programme to build on strengths and to respond to areas for development	Q2 24/25
Board development programme commences	TBC dependant on outcomes of seminar
Following the launch of the board appraisal framework, Board appraisals for year ending 24/25 to include the new Leadership Competency Framework. Details cannot be confirmed until the full scope of the framework is understood.	Q4 24/25 Q1 25/26

Next steps	Subject to approval, the recommended programme will be rolled out for all Board members.
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NHS Leadership Competency Framework for Board Members ESHT Board Briefing

1. Introduction

The purpose of this paper is to brief the Board on the new Leadership Competency Framework for board members and how we intend to implement it in ESHT.

Board members are asked to approve the recommendations in Section 6 - Next Steps.

2. Background

The NHS Leadership Competency Framework, published on 28 February 2024, is for all board members of NHS providers, ICBs and NHS England's Board.

The Leadership Competency Framework has been designed with engagement and support from a significant number of NHS chairs, chief executives and other stakeholders, and using insight into best practice in other industries. It provides a framework for board member recruitment and appraisal and will inform future board leadership and management training and development.

It has been developed in response to a recommendation from the Tom Kark KC (2019) review of the Fit and Proper Persons Test. The Leadership Competency Framework provides a consistent competency and skills benchmark against which board members will individually self-assess as part of the annual 'fitness' attestation.

The Leadership Competency Framework is based on 6 domains, each with a range of competencies. For each domain there is a description of what good looks like, as well as an optional scoring guide to help with self-assessment and development. It is recognised that it is unlikely that NHS board members will be able to fulfil all of the competency examples all of the time. First-time directors, in particular, may need time to develop proficiency. This framework should act as a guide to support ongoing development. To help identify opportunities, a directory of board level learning and development has also been released.

The 6 competency domains should be incorporated into all NHS board member role descriptions and recruitment processes from 1 April 2024. They should also form a core part of board member appraisals as well as the ongoing development of individuals and the board as a whole. The competency domains will also be built into national leadership programmes and support offers for board directors and aspiring board directors.

In addition to the above, a revised Chair framework has been published and a New Board Member Appraisal framework will be published in the autumn.

The three frameworks (chair, board member and new board member) are part of a wider programme of management and leadership development being led by NHS England with education partners, staff and stakeholders, to implement the recommendations in the Health and Social Care review: leadership for a collaborative future (known as the Messenger Review), as well as the recommendations from other reviews and reports on NHS leadership and management. A three-year roadmap setting out more details of this work will be published by NHSE shortly.

The full framework can be found at

[NHS England » NHS leadership competency framework for board members](#)

This is also included in **Appendix A** to this paper.

3. The Need for the Framework

Being an NHS board member means holding an extremely demanding leadership responsibility. As board members we have both an individual and collective role in shaping the vision, strategy and culture of our Trust, and supporting high-quality, personalised and equitable care for all now and into the future.

These frameworks are for chairs, chief executives and all board members, as well as serving as a guide for aspiring leaders of the future. It is designed to:

- support the appointment of diverse, skilled and proficient leaders
- support the delivery of high-quality, equitable care and the best outcomes for patients, service users, communities and our workforce
- help organisations to develop and appraise all board members
- support individual board members to self-assess against the six competency domains and identify development needs.

People taking on first-time director roles, in particular, are unlikely to be able to demonstrate all the competency examples. However, this framework should provide a guide by which, over time, directors can measure themselves and develop proficiency in all areas. Where development areas are identified, commitment to working on these will be important.

As non-executive directors have different roles and responsibilities to those of executive directors, and there are differences between executive director roles, the framework supports the assessment of board members in their role as part of a unitary board. All six competency domains should be considered for all board members, taking account of any specific role related responsibilities and nuances.

Achievement against the competency domains supports the Fit and Proper Person assessment for individual board member.

4. The Competency Framework

As previously discussed, the competency framework is made up of 6 domains. These are:

Driving high-quality and sustainable outcomes

The skills, knowledge and behaviours needed to deliver and bring about high quality and safe care and lasting change and improvement – from ensuring all staff are trained and well led, to fostering improvement and innovation which leads to better health and care outcomes.

Setting strategy and delivering long-term transformation

The skills that need to be employed in strategy development and planning, and ensuring a system wide view, along with using intelligence from quality, performance, finance and workforce measures to feed into strategy development.

Promoting equality and inclusion, and reducing health and workforce inequalities

The importance of continually reviewing plans and strategies to ensure their delivery leads to improved services and outcomes for all communities, narrows health and workforce inequalities, and promotes inclusion.

Providing robust governance and assurance

The system of leadership accountability and the behaviours, values and standards that underpin our work as leaders. This domain also covers the principles of evaluation, the significance of evidence and assurance in decision making and ensuring patient safety, and the vital importance of collaboration on the board to drive delivery and improvement.

Creating a compassionate, just and positive culture

The skills and behaviours needed to develop great team and organisation cultures. This includes ensuring all staff and service users are listened to and heard, being respectful and challenging inappropriate behaviours.

Building a trusted relationship with partners and communities

The need to collaborate, consult and co-produce with colleagues in neighbouring teams, providers and systems, people using services, our communities, and our workforce. Strengthening relationships and developing collaborative behaviours are key to the integrated care environment.

These competencies align with the NHS Values as follows:

Working together for patients*	Compassion
Building a trusted relationship with partners and communities	Creating a compassionate, just and positive culture
Respect and dignity	Improving lives
Promoting equality and inclusion and reducing health and workforce inequalities	Setting strategy and delivering long term transformation Driving high quality sustainable outcomes
Commitment to quality of care	Everyone counts
Driving high quality and sustainable outcomes Setting strategy and delivering long term transformation	Promoting equality and inclusion and reducing health and workforce inequalities Creating a compassionate, just and positive culture
Providing robust governance and assurance	

They also are completely supportive of our new Trust values of Kindness, Integrity and Inclusivity.

5. How will the Framework be used?

Recruitment

The competency domains will be incorporated into all board members job descriptions and recruitment processes. They will be used to help evaluate applications and design questions to explore skills and behaviours in interviews, presentations and other aspects of the recruitment and assessment process.

Appraisal

The competency domains will form a core part of board member appraisals and the ongoing development of individuals and the board as a whole. The framework will be applied as follows (the new Board Member Appraisal Framework incorporating the competencies will be published to support this by NHSE in the Autumn to support this):

The Chair will:

- Carry out individual appraisals for the chief executive and non-executive directors, based on the framework and other objectives
- Assure themselves that individual board members can demonstrate broad competence across all 6 domains and that they have the requisite skills, knowledge and behaviours to undertake their roles
- Assure themselves there is strong, in-depth evidence of achievement against the competency domains collectively across the board, and ensure that appropriate development takes place where this is not the case
- Ensure the findings feed into the personal development plans of non-executive directors
- As and when required, include relevant information in the Board Member Reference when a board member leaves
- As a part of the annual report to remuneration committee include performance against the competency domains in the review of the chief executive’s performance.

The chief executive will:

- Carry out individual appraisals for the executive directors based on the framework and other objectives
- Ensure the findings feed into the personal development plans of executive directors

The senior independent director will:

- Carry out the appraisal for the chair based on the framework and other objectives
- Ensure the findings feed into the personal development plan of the chair

Board members will:

- Self-assess against the six competency domains as preparation for annual appraisal
- Identify and plan development activity as part of ongoing continuous professional development (CPD), taking into account any professional standards that are also applicable for specific board member roles.
- Review the self-assessment with their line manager and obtain feedback

*A self-assessment tool for Board members has been published alongside the competency model. This can be found at **Appendix B** and also via the following link:*

[scoring-guide-for-individual-self-assessment-against-the-competencies.docx \(live.com\)](#)

All board members will have detailed individual, team and organisational objectives. The 6 domains identify competency areas and provide examples of leadership practice and behaviours which will support delivery against these objectives.

Development

Even the most talented and experienced individuals are unlikely to be able to demonstrate how they meet all the competencies in this framework all of the time. However, it should provide a means by which, over time, individuals can measure themselves and develop proficiency in all areas.

Over the coming months, NHSE will build the competency domains into national leadership programmes and support offers for board directors and aspiring board directors. All board members will be expected to actively engage in ongoing development to enable continued and greater achievement across the competency domains over time. This will be encouraged through the appraisal process.

There is already a series of board level learning and development opportunities available via the NHSE website at

[NHS England » Directory of board level learning and development opportunities](#). A copy of this included at **Appendix C**.

6. Next Steps

Based on the information available to date, the following action plan is proposed:

Action	Date
Using the self-assessment tool, all Board members personally assess their performance against the Leadership Competency Framework	End May 2024
Results to be shared with the Deputy CEO / Chief People Officer and combined to give an overall Board view of strengths and weaknesses	End June 2024
Board Seminar to take place on overall Board results and agreement of a development programme to build on strengths and to respond to areas for development	Q2 24/25
Board development programme commences	TBC dependant on outcomes of seminar
Following the launch of the board appraisal framework, Board appraisals for year ending 24/25 to include the new Leadership Competency Framework. Details cannot be confirmed until the full scope of the framework is understood.	Q4 24/25 Q1 25/26

7. Conclusion

Implementing the new Leadership Competency Framework presents a real opportunity for the Board and its individual members to assess their performance at an individual and combined level. In turn this will enable us to identify strengths and areas for development and can form the basis for individual and Board development plans going forward.

The Board is asked to receive the paper and approve the above action plan.

Q4 Board Assurance Framework (BAF) Update

Purpose of the paper	This paper updates the Trust Board as to the progress in managing the Board Assurance Framework's (BAF) Q4 2023/24 position.			
	For Decision	For Assurance	x	For Information
Sponsor/Author	Chief of Staff/Board Secretary			
Governance overview	This paper comes to the Board following a full review at the March Audit Committee. Collectively the full BAF is reviewed at Executive Directors and shared quarterly with the Audit Committee before going to the next scheduled Trust Board. Each Board sub-Committee is expected to review the BAF risks it oversees four times a year. This typically takes place one month after the end of each FY quarter.			
Strategic aims addressed	Collaboration	Improving health	Empowering people	Efficient/Sustainable
	x		x	x
Values reflected	Working Together	Improvement & Development	Respect & Compassion	Engagement & Involvement
		x		
Recommendation	The Trust Board is asked to note the completed summary position for BAF risks and Q4 positions of each risk, having been reviewed by each Board sub-Committee			
Executive Summary	<p>This paper provides an overview of the Q4 risk position for each of the twelve BAF risks that the Board agreed at the beginning of FY 2024/25, following discussions with executive risk owners and interrogation at the relevant Board sub-Committees. Each sub-Committee has reviewed the risk descriptions, mitigations and positions contained within the Q4 update.</p> <p>Eleven of the twelve strategic risks are at their anticipated YE risk rating for Q4. The rating for BAF 7 is 16, which is above the anticipated YE risk rating of 12. This is due to continued lack of confidence in the data produced by the Trust as a result of the large number of clinical systems, complex data structures, variety of reporting methods and lack of controls about data quality.</p> <p>The risk rating for BAF 6 has remained at 12 in Q4.</p> <p>The Q4 risk rating for BAF 8 has reduced since Q3 from 12 to 8. This reduction reflects the increased digital awareness that is being seen across the organisation, with divisions looking to embed digital processes. In addition, work being undertaken in preparation for the introduction of Electronic Patient Records is helping to improve Trust wide digital maturity.</p>			
Next steps	Work has commenced to review and update the BAF for 2024/25 to ensure that the strategic risks described remain relevant and accurately described.			

Quarter 4 Update 2023/24 Overview

The Board Assurance Framework (BAF) supports the Board in focussing on the key risks which might compromise the achievement of the organisation's Strategic Objectives. The BAF maps out the key controls which are in place to support delivery of the Objectives and to mitigate risk and provide a framework of assurance which the Board can draw upon when considering the effectiveness of those controls. These assurances have been set out in line with the '3 lines of defence' model (Appendix Five), aiding the identification of areas of weakness.

Each principal risk is owned by an Executive Director and rated in accordance with the grading matrix (Appendix Four). The Executive lead ensures the controls, assurance, gaps and risk score reflect the management of the risk. A Board sub-committee is also nominated to have oversight of the risk.

The Trust Board discussed an updated BAF in April and May 2023, agreeing updated BAF risks and the organisation's risk appetite for each. The Trust's Corporate Risk register contains all of the risks in the Trust that are rated as 15 or more. The majority of risks included on the BAF are included on the Corporate Risk Register, which is presented in full to the Audit Committee alongside the BAF.

Links between each BAF risk and the risks on the Trust's Corporate Risk Register can be found in Appendix One.

BAF Ref	RISK SUMMARY	Monitoring Committee	Strategic Aims Impacted				Inherent Risk	Current position (Residual risk)				Change	Risk Appetite	Anticipated YE Risk	Target date
								2023/24							
								Q1	Q2	Q3	Q4				
1	Capacity constraints associated with supporting the collaborative infrastructure	Strat	X			X	9	6	6	6	6	◀▶	Seek/ Significant	6	Review every two months
2	Failure to attract, develop and retain a workforce that delivers the right care in the right place at the right time.	POD		X	X	X	15	15	15	15	15	◀▶	Open	15	Ongoing
3	Decline in staff welfare, morale and engagement impacts on activity levels and standards of care.	POD		X	X	X	20	16	16	16	16	◀▶	Cautious/ Open	16	Ongoing
4	Failure to deliver income levels/manage cost/expenditure impacts savings delivery	F&P			X	X	20	12	12	20	20	◀▶	Cautious	20	31/01/23
5	The Trust's aging estate and capital allowance limits the way in which services and equipment can be provided in a safe manner for patients and staff	F&P		X	X	X	20	16	16	16	16	◀▶	Cautious	16	Ongoing
6	Vulnerability of IT network and infrastructure to prolonged outage and wider cyberattack	Audit	X	X	X	X	16	16	12	12	12	◀▶	Minimal	12	Ongoing
7	Failure to develop business intelligence weakens insightful and timely analysis to support decisions	F&P			X	X	16	16	16	16	16	◀▶	Open	12	Ongoing
8	Failure to transform digitally and deliver associated improvements to patient care	F&P			X	X	16	12	12	12	8	▼	Significant	8	31/03/26
9	Failure to maintain focus on improvement	Strat		X		X	16	16	16	12	12	◀▶	Open	12	Review every two months
10	Risk of not being able to maintain delivery of safe, high quality effective care due to significant numbers of patients that are discharge ready with an extended length of stay	Q&S	X	X	X	X	20	16	16	16	16	◀▶	Open/Seek	16	Ongoing
11	Failure to demonstrate fair and equal access to our services	Strat	X			X	15	9	9	9	9	◀▶	Cautious/ Open	9	Review every two months
12	Failure to meet the four-hour standard	Q&S	X	X	X	X	20	16	16	16	16	◀▶	Cautious	16	Ongoing

BAF Action Plans – Key to Progress Ratings

B	Complete / Business as Usual	Completed: Improvement / action delivered with sustainability assured.
G	On Track or not yet due	Improvement on trajectory
A	Problematic	Delivery remains feasible, issues / risks require additional intervention to deliver the required improvement
R	Delayed	Off track / trajectory – milestone / timescales breached. Recovery plan required.





Key to Risk Appetite Ratings

0	None	Avoidance of risk is a key organisational objective
1	Minimal	Preference for very safe delivery options that have a low degree of inherent risk and only a limited reward potential
2	Cautious	Preference for safe delivery options that have a low degree of residual risk and only a limited reward potential
3	Open	Willing to consider all potential deliver option and choose while also providing an acceptable level of reward
4	Seek	Eager to be innovative and to choose options offering higher business rewards (despite greater inherent risk)
5	Significant	Confident in setting high levels of risk appetite because controls, forward scanning and responsive systems are robust

Key to Risk Rating Types

Inherent Risk Rating	The amount of risk that exists in the absence of controls
Residual Risk Rating	The amount of risk that remains after controls are accounted for.
Target Risk Rating	The desired optimal level of risk.

RESIDUAL RISK MATRIX (Risk assessment post-controls/mitigation)

		 Collaborating to deliver care better	 Empowering our People	 Ensure Innovative & Sustainable Care	 Improving the health of our communities
BAF 1	Capacity constraints associated with supporting the collaborative infrastructure	6			6
BAF 2	Failure to attract, develop and retain a workforce that delivers the right care in the right place at the right time.		15	15	15
BAF 3	Decline in staff welfare, morale and engagement impacts on activity levels and standards of care.		16	16	16
BAF 4	Failure to deliver income levels/manage cost/expenditure impacts savings delivery			20	20
BAF 5	The Trust's aging estate and capital allowance limits the way in which services and equipment can be provided in a safe manner for patients and staff		16	16	16
BAF 6	Vulnerability of IT network and infrastructure to prolonged outage and wider cyberattack	12	12	12	12
BAF 7	Failure to develop business intelligence weakens insightful and timely analysis to support decisions			16	16
BAF 8	Failure to transform digitally and deliver associated improvements to patient care			8	8
BAF 9	Failure to maintain focus on improvement		12		12
BAF 10	Risk of not being able to maintain delivery of safe, high quality effective care due to significant numbers of patients that no longer meet the criteria to reside	16	16	16	16
BAF 11	Failure to demonstrate fair and equal access to our services	9			9
BAF 12	Failure to meet the four hour standard	16	16	16	16

Risk Summary						
BAF Reference and Summary Title:	BAF 1: Capacity constraints associated with supporting the collaborative infrastructure				Strategic Aims Impacted	
						
		X			X	
Risk Description:	Resourcing pressure arising from support/presence at partnership initiatives diverts leadership resource from internal ESHT priorities					
Lead Director:	Chief of Staff	Lead Committee:	Strategy & Transformation Committee		Date of last Committee review:	07/12/2023



BAF Risk Scoring									
Inherent Risk	Residual Risk	23/24 Q1	23/24 Q2	23/24 Q3	23/24 Q4	Rationale for Risk Level	Anticipated Year End Risk	Review	
(3x3) 9	Likelihood:	2	2	2	2	The synergy between System-level success and organisation-led delivery to achieve this aligns Sussex-wide goals with what Trusts are doing.	Likelihood:	2	Every two months via Strat Com
	Consequence:	3	3	3	3		Consequence:	3	
	Risk Level:	6	6	6	6	However, this risk reflects the potential disadvantage of this tie-up; namely that key senior leaders' capacity is stretched across external meetings as well as internal ones. To date, the Trust has managed within its existing resources and we intend to do so (hence the risk score for Q1) but – especially in certain areas – there is a recognition that ICB resource is well-provided for and, with this, comes a commensurate range of ambitions and scale of workload.	Risk Level:	6	
Cause of risk:	<ul style="list-style-type: none"> New/evolving governance forums leading to the time commitment of ESHT senior leaders being compromised 			Impact:	<ul style="list-style-type: none"> Internal priorities focused on delivery of ESHT 23/24 objectives may be compromised by relevant senior leaders being at other meetings 				
Current methods of management (controls)	<p>A. Robust monitoring process via EDs, IPRs enabling teams to flag where pressures arise – either on external commitments or internal presence being compromised to the point where senior leaders' grip on internal priorities is suboptimal</p>								

Assurance Framework – 3 Lines of Defence – linked to control (above)			
	1 st line of Defence <i>(service delivery and day to day management of risk and control)</i>	2 nd Line of Defence <i>(specialist support, policy and procedure setting, oversight responsibility)</i>	3 rd Line of Defence <i>(Independent challenge on levels of assurance, risk and control)</i>
Assurance:	<ul style="list-style-type: none"> Teams to consider alternative options/resources to ensure ESHT collaboration is maintained at an appropriate level 	<ul style="list-style-type: none"> Teams able to escalate to EDs for review/support/mitigation options EDs to consider alternative resource and appropriateness to the responsibility levels 	<ul style="list-style-type: none"> EDs to raise with external partners as required where no alternative resource is available

Gaps in control/assurance:
<ul style="list-style-type: none"> None seen currently

Further Actions (to further reduce Likelihood / Impact of risk in order to achieve Target Risk Level in line with Risk Appetite)					
No.	Action Required	Executive Lead	Due Date	Quarter 4 Progress Report	BRAG

The YE position remains at 6, the expected YE target. Continued proactive management and ongoing ICB review of meeting commitments means that we are confident of this risk not being realised despite the not insignificant meeting burden that comes with the transition to the new system infrastructure. We maintain good, open relations with ICB colleagues and are comfortable escalating where we feel requirements stretch internal resource in order to support ongoing ICB areas. Attendance issues are flagged via Executive Directors meeting and/or Divisional IPRs and our discussions with the relevant partners to seek to manage expectations on attendance have so far been extremely positive.

Risk Summary						
BAF Reference and Summary Title:	BAF 2: Failure to attract, develop & retain a workforce that delivers the right care, right setting, right time				Strategic Aims Impacted	
						
Risk Description:	There is a risk that the available workforce does not meet the organisation's resource requirements in the short, medium and long term					
Lead Director:	Chief People Officer	Lead Committee:	People and Organisational Development Committee	Date of last Committee review:	18/01/2024	

Inherent Risk	BAF Risk Scoring					Rationale for Risk Level	Anticipated Year End Risk		Target Date
	Residual Risk	23/24 Q1	23/24 Q2	23/24 Q3	23/24 Q4		Likelihood:	Consequence:	
(5x3) 15	Likelihood:	5	5	5	5	<p>There are pockets of specialities where recruitment is challenged, although these largely reflect national difficulties. Ongoing success with recruiting into some 'Hard to Recruit' substantive posts, particularly Consultant posts. Retention is a clear risk given the ongoing operational pressures being experienced locally and across the NHS. The Trust's age profile presents a specific risk to longer term retention with around 20% of our workforce are at a point where they are technically able to retire.</p> <p>Industrial action relating to the BMA continues to present short term workforce issues and disquiet in the workforce.</p> <p>The risk rating remains as for Q3 2023/24 based on the nature of the industrial action. The anticipated year end risk reflects the ongoing threat of industrial action.</p>	Likelihood:	5	Ongoing
	Consequence:	3	3	3	3		Consequence:	3	
	Risk Level:	15	15	15	15		Risk Level:	15	
Cause of risk:	<ul style="list-style-type: none"> Industrial action Recognised national shortages in some staff groups Geographical location, demographics and age profile of workforce Continued operational pressure in a number of clinical areas Lack of opportunity for career development Working pressures over the last three years have had a detrimental impact on staff retention (although turnover rates for the last nine months have been reducing) Withdrawal of Brighton University from East Sussex may impact on the number of trainees choosing to base themselves in East Sussex during their training, which may reduce the number of potential employees seeing the Trust as a natural first choice for post training employment 					Impact:	<p>Failure to maintain workforce stability gives rise to risk of:</p> <ul style="list-style-type: none"> Not being able to deliver activity in line with operational needs Detrimental impact on patient care and experience Detriment to staff health and well-being Detriment to staff development as result of reduced ability for staff wanting to attend education/training due to staff shortages in key areas Failure to comply with regulatory requirements and constitutional standards Detriment to performance and productivity Increased workforce expenditure due to agency requirements 		

	<ul style="list-style-type: none"> Withdrawal of funding for registered nurses associates to undertake two year degree to become fully registered nurses 		<ul style="list-style-type: none"> Inability to ensure 'great place to work' culture and climate thus frustrating strategies and efforts to attract, recruit, retain, deploy, and develop staff
Current methods of management (controls)	<ul style="list-style-type: none"> A. Ongoing monitoring of Attraction, Recruitment and Retention Strategy and developing wide range of recruitment methodologies (events, social media, recruitment consultancies, targeted recruitment activity, including a significant overseas recruitment plan) B. Talent management, succession planning, appraisals and development programmes C. Developing new roles and "growing our own" e.g. New to Care D. Workforce efficiency metrics in place and monitored E. Quarterly reviews in place to determine workforce planning requirements. F. Review of nursing establishment 6 monthly as per Developing Workforce Safeguards G. Full participation in HEKSS Education commissioning process and regional medical role expansion programme – Foundation and some Speciality Training programmes H. Stay interview and exit interview programmes I. Use of bank and agency where required J. Focus on retention particularly on understanding why people may want to leave the Trust. K. Use of government initiatives e.g. Kickstart L. Flexible working M. More flexible use of retire and return N. Proactively building our positive reputation as an employer O. Implementation of an industrial action project to mitigate the impact of colleagues taking industrial action P. Assurance is being provided re industrial action preparedness to system and region via self-assessment checklist Q. Ongoing responses to key themes from staff survey 		

Assurance Framework – 3 Lines of Defence – linked to controls (A-P)			
	1st line of Defence <i>(service delivery and day to day management of risk and control)</i>	2nd Line of Defence <i>(specialist support, policy and procedure setting, oversight responsibility)</i>	3rd Line of Defence <i>(Independent challenge on levels of assurance, risk and control)</i>
Assurance:	<ul style="list-style-type: none"> Monthly reviews of vacancies together with vacancy/turnover rates (A)(H)(D) Twice yearly establishment reviews (F) Success with some hard to recruit areas e.g. consultants in Histopathology, Radiology, Neurology, Orthopaedics and Acute medicine.(A) (C) In house Temporary Workforce Service to facilitate bank and agency requirement (I) Workforce efficiency metrics (D) New AHP /HCSW initiatives (C) Continued International Nurse recruitment. c70 in total for 2023/24 (A) 	<ul style="list-style-type: none"> Workforce strategy aligned with workforce plans, strategic direction and other delivery plans and metrics reviewed by POD and Trust Board (A) (B) (D) (E) (F) (G) Three-year Attraction and Recruitment Strategy refreshed (A) Improvements to Applicant Tracking system (Trac) have led to reduced time to hire for new staff (not including Medical & Dental staff). (D) Temporary workforce costs scrutinised by Finance and Productivity Committee (I) 	<ul style="list-style-type: none"> National Staff Friends and Family Test (A) (G) (H) Clinical Commissioning Group Quarterly Workforce meetings (D) Internal audits of workforce policies and processes (A) (D) (E) NHS Staff Surveys and Pulse Surveys and benchmarking data (A) (B) (C)

Assurance Framework – 3 Lines of Defence – linked to controls (A-P)			
	1 st line of Defence <i>(service delivery and day to day management of risk and control)</i>	2 nd Line of Defence <i>(specialist support, policy and procedure setting, oversight responsibility)</i>	3 rd Line of Defence <i>(Independent challenge on levels of assurance, risk and control)</i>
	<ul style="list-style-type: none"> Additional Headhunter Agencies engaged for hard to recruit Medical Posts (A) Regular meetings with Regional Post Graduate Deans for Acute and Primary care (C)(J)(N) Job plans in place for all doctors (B) Industrial Action working group and daily resource meetings attached to site meetings (O)(P) In the event of industrial action, reduction in services to ensure all urgent and derogated services are delivered (O)(P) 	<ul style="list-style-type: none"> Wellbeing offering enhance (includes Pastoral Fellowes support) and reviewed by POD (K) People Strategy is being delivered (A)(B)(C)(D)(E)(F)(I)(K) Ongoing recruitment campaigns for hard to fill roles (A) Delivery of an employee value proposition (EVP) in 2023/24 NHS Workforce long term plan implementation 	
Gaps in control/assurance:			
<ul style="list-style-type: none"> None identified 			

Further Actions (to further reduce Likelihood / Impact of risk in order to achieve Target Risk Level in line with Risk Appetite)					
No.	Action Required	Executive Lead	Due Date	Quarter 4 Progress Report	BRAG
1.	Continue with recruitment initiatives and international sourcing of medical candidates, including Radiographers, Sonographers, Gastro and Endoscopy	Chief People Officer	Ongoing	<ul style="list-style-type: none"> Continued recruitment campaigns with existing RPO Agencies including Medacs and MSI to source International Nurses, AHPs and Medics. Additional Recruitment agencies engaged to support with hard to recruit posts where necessary. Local and UK recruitment campaigns continue. Trust main sponsor for recruitment event in Bexhill. Recruitment merchandise ordered for 2024/25 to assist with Trust branding Trust continues to work with external recruitment agencies to assist with recruiting 'hard to fill posts'. Number of initiatives in place to support recruitment e.g. assistance with relocation/onboarding of new colleagues Increased number of direct applicants to hard to recruit posts continues 	G

2.	Local outreach initiatives	Chief People Officer	Ongoing	<ul style="list-style-type: none"> • Trust working with DWP and Princes Trust. To date c60 young adults supported with Prince Trust initiative. Recruitment events attended in conjunction with DWP. Planned events for 2024/25 • Trust working with other ICB organisations with regards local recruitment activities and initiatives e.g. 'Recruitment Hub' which is due to go live Feb/March 2024 • Trust involved with both Little Gate Farm and Project Search initiatives. • Campaign to increase volunteer numbers across the Trust. 	G
3.	Focus on Advanced Practitioner role and roles that support medicine such as Physician Assistants, Surgical Care Practitioners, Anaesthesia Associates (new national curriculum due soon), increase number of Doctors Assistants	Chief People Officer	Ongoing	<ul style="list-style-type: none"> • SCP :We continue to have two SCP on programme at Anglia Ruskin University the course is for 2 years part time. Meeting scheduled to discuss future SCP development for 23/24 to 27/28 for the NHS England Workforce Training and Education commissioning process. • PA Role : Conversations to formalise the lead PA appointment. There is a one off payment of 20k funding from the ICB to support this role, with additional funding for a Band 7/8a to support the. A meeting, in collaboration with UHSx is scheduled to discuss support to take the role forward in light of new NHS Workforce Plan released this week. • Education Steering Group: ToRs are currently being reviewed. The new Deputy Chief Medical Office – Workforce will co-chair the group. • Anaesthetic Associates: Recent meetings held with clinical lead and division, as well as with the GMC's lead for anaesthetic associates. NHS England announced pump prime funding to support development of the role in Trusts. Business case to be written for development of x2 anaesthetic associate roles in the service with funding from NHS England. 	G



Risk Summary					
BAF Reference and Summary Title:	BAF 3: Decline in staff welfare, morale and engagement impacts on activity levels and standards of care.			Strategic Aims Impacted	
					
Risk Description:	There is a risk that any decline in staff motivation negatively impacts on our ability to deliver the required levels of activity to the standards we require.				
Lead Director:	Chief People Officer	Lead Committee:	People and Organisational Development Committee	Date of last Committee review:	18/01/2024

BAF Risk Scoring									
Inherent Risk	Quarter	23/24 Q1	23/24 Q2	23/24 Q3	23/24 Q4	Rationale for Risk Level	Anticipated Year End Risk		Target Date
(5x4) 20	Likelihood:	4	4	4	4	Data is showing that engagement levels across the NHS and locally have reduced over the past three years	Likelihood:	4	Ongoing
	Consequence:	4	4	4	4		Consequence:	4	
	Risk Level:	16	16	16	16	Elongated industrial action without resolution may further impact on the motivation and morale of colleagues taking industrial action and those directly impacted by it, and our ability to deliver services in a timely and efficient way. The anticipated year end risk has been increased to acknowledge the ongoing industrial action. However it is recognised there is ongoing and sustained improvement in other metrics (e.g. turnover, vacancy rate)	Risk Level:	16	
Cause of risk:	Ongoing operational instability and pressures, alongside workforce availability and industrial action.				Impact:	Adverse impact on staff engagement, health and wellbeing could lead to increased absences and turnover, and an associated inability to deliver services, possible closure of services and adverse impact on patient experience and reputational risk.			
Current methods of management (controls)	<ul style="list-style-type: none"> A. Training for managers to have compassionate conversations about risk assessments with vulnerable staff B. Systems and processes in place both reactive and proactive to manage violence and aggression – including conflict resolution training, OH support, risk assessments and security support. C. Working with the ICS to develop a system wide strategy and policy on violence prevention D. Improved de-brief process and package of support for staff involved in violence and aggression or distressing situations at work. E. Reviewing and implementing best practice from other areas (e.g. TRiM, MHFA) F. Targeted support for implementing TRiM in ED departments through a dedicated resource for a period of three months G. Range of wellbeing/pastoral support available and being further developed across all professional groups H. Development of Health and Wellbeing Conversations for all colleagues I. Ongoing focus on Violence and Aggression with ambition to become upper quartile organisation J. Ongoing National vaccination programmes 								

- K. Workforce Efficiency and Availability Reviews
- L. Workforce Strategy
- M. Admission avoidance and discharge activity through operational teams
- N. Working with the entire system, third sector and independent health and social care organisations to assist them with recruitment and training.
- O. Effective rostering and leave management
- P. Undertaking deep dive cultural reviews in areas where there is particular concern regarding colleague engagement and morale

Assurance Framework – 3 Lines of Defence – linked to controls (A-P)

	1 st line of Defence <i>(service delivery and day to day management of risk and control)</i>	2 nd Line of Defence <i>(specialist support, policy and procedure setting, oversight responsibility)</i>	3 rd Line of Defence <i>(Independent challenge on levels of assurance, risk and control)</i>
Assurance:	<ul style="list-style-type: none"> • Ongoing monitoring of, and response to, key workforce metrics/staff survey • Completion of risk assessments to be recorded on ESR. (A) • Promoting wellbeing support available and training to line managers (G) • DME monitor/reviews confidential trainees in difficulty register • Workforce efficiency and availability reviews considering registered and unregistered nurses, and AHPs (I) • Appropriate PPE provided (A) • Ongoing reviews of effectiveness and efficiency of rostering to deliver the required staffing levels 	<ul style="list-style-type: none"> • Occupational Health and Health and Safety Team support and audit of risk assessments and Datix incidents (A) (B) (D) • Occupational and staff wellbeing support to staff (E) (H) (I) • Metrics reported to executive team, POD and Trust Board – increased compliance with completion of risk assessments (A) • Local Security Management Specialist advice and support (D) • Oversight and monitoring by Health and Safety Steering Group (D) • Deep dive cultural Reviews (P) • Implementation of NHS Long term workforce plan 	<ul style="list-style-type: none"> • ICS undertaking assurance reviews (A) • Sussex network meeting in place and liaising with SECAMB on Trauma Risk Management (F) • Health and Safety Executive review of violence and aggression (D) • Collaboration with ESCC on lone working (F) • GMC outcomes have action plans with quality virtual visits in place to provide assurance to HEKSS/Trust (H)(L)
Gaps in control/assurance:			
<ul style="list-style-type: none"> • None identified 			

Further Actions (to further reduce Likelihood / Impact of risk in order to achieve Target Risk Level in line with Risk Appetite)

No.	Action Required	Executive Lead	Due Date	Quarter 4 Progress Report	BRAG
1.	People Strategy	Chief People Officer	Ongoing	<ul style="list-style-type: none"> • People Strategy has undergone year 2 refresh and this established programme of works and has reported to POD. • Further updates will continue on a quarterly basis 	G

Risk Summary					
BAF Reference and Summary Title:	BAF 4: Failure to deliver income levels/manage cost/expenditure impacts savings delivery			Strategic Aims Impacted	
Risk Description:	At month ten the Trust changed forecast to a £5.4m deficit. However this forecast assumes elements of ERF funding that have not been finalised across the ICS and there is some risk to the month twelve delivery.				
Lead Director:	Chief Financial Officer	Lead Committee:	Finance and Productivity Committee	Date of last Committee review:	25/01/2024

BAF Risk Scoring									
Inherent Risk	Quarter	23/24 Q1	23/24 Q2	23/24 Q3	23/24 Q4	Rationale for Risk Level	Anticipated Year End Risk	Target Date	
(5x4) 20	Likelihood:	3	3	5	5	<p>Likelihood: At month ten the Trust changed forecast to a £5.4m deficit. However this forecast assumes elements of ERF funding that have not been finalised across the ICS and there is some risk to the month twelve delivery. The current year has been impacted by industrial action and inflation in specific areas within the health service.</p> <p>Consequences: There is risk to delivering the revised forecast and this may impact the underlying position moving into 2024/25. Whilst the consequences are potentially severe, we are cognisant that the challenges faced by the Trust are common with many NHS providers and therefore the regulatory response will likely be proportionate in that context. Therefore, the consequence has been capped at a 4.</p> <p>There has been an adjustment for industrial action up to month eight. However, the forecast at month ten will include a national estimate of the impact of month eleven strikes.</p>	Likelihood:	5	31/03/2024
	Consequence:	4	4	4	4		Consequence:	4	
	Risk Level:	12	12	20	20		Risk Level:	20	
Cause of risk:	<ul style="list-style-type: none"> ERF activity is being delivered to plan; however, pay and non-pay costs have also risen. Increased operational pressures and in particular patients not meeting the criteria to reside meaning that we face additional operational flow pressures. Failure to deliver sufficient recurrent efficiencies Ongoing lack of resolution of strike actions Inflation pressures resulting from recent contract awards 					Impact:	Failure to maintain financial sustainability gives rise to risk of: <ul style="list-style-type: none"> Unviable services and increased cost improvement programme; Additional controls will be imposed by the national team. Controls are being increased across NHS England. Damage to Trust's stakeholder relationships and reputation. 		
Current methods of	A. Efficiency programme is in place with targets set and monitored at divisional level; B. Divisions held to account for overall financial performance through IPR process based on budgets agreed through the Divisions and Executive;								

management (controls)	<ul style="list-style-type: none"> C. Scheme of Delegation (SoD) and Standing Financial Instructions (SFIs) in place to manage expenditure across pay and non-pay; D. Staffing controls through establishment control, including vacancy panel; E. Productivity Director has implemented project controls on CIP plans
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Assurance Framework – 3 Lines of Defence – linked to controls (A-D)

	1 st line of Defence <i>(service delivery and day to day management of risk and control)</i>	2 nd Line of Defence <i>(specialist support, policy and procedure setting, oversight responsibility)</i>	3 rd Line of Defence <i>(Independent challenge on levels of assurance, risk and control)</i>
Assurance:	<ul style="list-style-type: none"> Work continues through divisional meetings, at IPRs and joint COO/CFO additional reviews to both maintain contingency and to strengthen recurrent delivery of overall financial position and the efficiency programme. (A) (B) (D) Procurement, Temporary Workforce Services and vacancy panel all monitor compliance as appropriate with scheme of delegation and SFIs (C) (D) 	<ul style="list-style-type: none"> Oversight by Efficiency Committee and Finance & Productivity Committee (A) Revised SFIs and SoD (C) 	<ul style="list-style-type: none"> Internal audit reviews (A) (B) (D) External audit programme in place (A) (B) (C)

Gaps in control/assurance:

None identified but need to ensure that the system of internal financial control remains robust.

Further Actions (to further reduce Likelihood / Impact of risk in order to achieve Target Risk Level in line with Risk Appetite)					
No.	Action Required	Executive Lead	Due Date	Quarter 4 Progress Report	BRAG
1.	Finalise CIP plan for year with an emphasis on controlling costs as well as delivering increased activity	Chief Financial Officer	31/03/2024	<ul style="list-style-type: none"> There are plans in place for the full £32.5m CIP, with £22.4m delivered to date. However, industrial action, temporary staffing costs and some elements of waiting list initiatives has resulted in a delivery shortfall of £3.2m. The latest forecast is £26.2m delivery (an improvement of £0.9m from M9), resulting in a shortfall of £6.3m, this is primarily due to non-delivery of ERF in Theatres £2.9m (this position improved in M10), Length of Stay £3.2m (additional beds have opened in December). Additional control measures were agreed in November, including ensuring we are following national rules on agency/bank/consultancy to reduce the gap to deliver the Trust break-even plan. However, with the impact of industrial action and winter there is still a significant risk to overall delivery. There is an expectation that the Trust will deliver the full efficiency requirement of £32.5m. To address this, £2.1m YTD and £6.3m full year of income support in compensation for industrial action has been reflected against this in the position that has been reported externally. 	R
2.	Establish a finance and activity focused accountability session chaired by COO and CFO with each division covering financial performance, activity and efficiency to increase scrutiny, grip and control above the existing IPR process	Chief Financial Officer	31/03/2024	<ul style="list-style-type: none"> Finance and Assurance meetings have been taking place for a number of months. <ul style="list-style-type: none"> Service level recovery plans have been developed and an update will be provided to the Finance and Efficiency Committee on 15th January. 	A





Risk Summary					
BAF Reference and Summary Title:	BAF 5: The Trust's aging estate and capital allowance limits the way in which services and equipment can be provided in a safe manner for patients and staff			Strategic Aims Impacted	
					
				X	X
Risk Description:	There is a risk that there may be unplanned outages in equipment, buildings and facilities not being available for clinical purposes				
Lead Director:	Chief Financial Officer	Lead Committee:	Finance and Productivity Committee	Date of last Committee review:	25/01/2024

BAF Risk Scoring									
Inherent Risk	Quarter	23/24 Q1	23/24 Q2	23/24 Q3	23/24 Q4	Rationale for Risk Level	Anticipated Year End Risk	Target Date	
20 (5x4)	Likelihood:	4	4	4	4	<p>The Trust's capital budget for 2023/24 is £23.3m (excluding capital for strategic projects from ICB, national and NHP), comprising £3.5m on diagnostic and medical equipment, £3m on digital, £7.3m on estates backlog and other schemes. Given the overall level of backlog for the estate, medical equipment and digital, the planned annual expenditure is not enough to meet the significant backlog that exists.</p> <p>Following completion of the options appraisal for Building for our Future (BFF) we will have a greater understanding of the residual backlog which will be left post the BFF works. We anticipate that this work will be completed in early 2024. We are working with a consultancy to undertake a review of critical infrastructure and clinical activity/risk which should be available in March 2024. This should clarify the level of capital backlog and how that will affect future capital spend and may result in a risk rating on the BAF.</p> <p>An interim report on backlog was presented to the F&P Committee in December 2023, with the full report due to be presented to the Committee in March 2024.</p>	Likelihood:	4	Ongoing
	Consequence:	4	4	4	4		Consequence:	4	
	Risk Level:	16	16	16	16		Risk Level:	16	
	Cause of risk:	Insufficient capital to meet significant backlog			Impact:		Lack of capital for investing in the future sustainability of the Trust gives rise to risk of a significant impact on the Trust's ability to meet its requirements to provide safe, modern and efficient patient care.		
Current methods of management (controls)	<p>A. Significant work is always undertaken to deliver the capital plan</p> <p>B. Essential work prioritised with estates, IT and medical equipment</p>								

Assurance Framework – 3 Lines of Defence – linked to controls (A-B)			
	1 st line of Defence <i>(service delivery and day to day management of risk and control)</i>	2 nd Line of Defence <i>(specialist support, policy and procedure setting, oversight responsibility)</i>	3 rd Line of Defence <i>(Independent challenge on levels of assurance, risk and control)</i>
Assurance:	<ul style="list-style-type: none"> Day to day management of infrastructure requirements and prioritisation by services (A) (B) Electronics and Medical Engineering (EME) in close liaison with divisions (B) Full inventory of medical devices and life cycle maintenance (B) 	<ul style="list-style-type: none"> Oversight by Finance and Productivity and Strategy Committees (A) Estates and Facilities IPR (A) (B) Clinical procurement group in place (A) (B) 	<ul style="list-style-type: none"> Capital business cases reviewed by ICS (A) Review of critical infrastructure (A) (B)

Gaps in control/assurance:
<ul style="list-style-type: none"> Longer term capital programme has been produced; however, significantly more capital is required to address this than is available to the Trust. New Hospital Programme/BFF funding envelope delayed and not clear at present Availability of project managers to deliver the backlog programme

Further Actions (to further reduce Likelihood / Impact of risk in order to achieve Target Risk Level in line with Risk Appetite)					
No.	Action Required	Executive Lead	Due Date	Quarter 4 Progress Report	BRAG
1.	ICS will undertake a medium term financial plan	Chief Finance Officer	Ongoing	<ul style="list-style-type: none"> Expenditure monitored Progress reported regularly to Finance and Productivity Committee 	A
2.	Through New Hospital Programme business case process and associated enabling business cases, Trust will be addressing solutions for backlog maintenance	Chief Finance Officer	March 2024	<ul style="list-style-type: none"> Priorities to be developed into the New Hospital Programme Case 	A
3.	Options appraisal for Building for our Future (BFF) to be undertaken	Programme Director BFF	March 2024	<ul style="list-style-type: none"> We will be completed in early 2024. NHP will inform us when the revised SOC should be submitted, anticipated in 2024/25 	A
4.	Work to be undertaken with consultancy to review critical infrastructure and clinical activity/risk in order to clarify the level of capital backlog and how this will affect future capital spend.	Director of Estates and Facilities	March 2024	<ul style="list-style-type: none"> Work with consultancy commenced in December 2023. Report anticipated in March 2024 	G

Risk Summary							
BAF Reference and Summary Title:	BAF 6: Vulnerability of IT network and infrastructure to prolonged outage and wider cyberattack			Strategic Aims Impacted			
							
		X	X	X	X		
Risk Description:	Current mitigations include rollout of MFA to key users, plan to minimise non-supported software and contain software that cannot currently be removed, and ensure offsite backup.						
Lead Director:	Chief Financial Officer	Lead Committee:	Audit Committee		Date of last Committee review:	25/01/2024	




Inherent Risk	BAF Risk Scoring					Rationale for Risk Level	Anticipated Year End Risk		Target Date
	Quarter	23/24 Q1	23/24 Q2	23/24 Q3	23/24 Q4		Likelihood:	Consequence:	
(4x4) 16	Likelihood:	4	3	3	3	<p>A number of elements of the cyber action plan have been delivered, reducing our cyber exposure. There are a number of robust controls in place, but further mitigation can be achieved by implementing a formal programme of work that addresses the wider information security agenda.</p> <p>A significant amount of work has been done to increase the robustness of the Trust Cyber security posture. The current security risk status has reduced to which has been a great achievement. But the threat level in the NHS has increased with a number of attacks on NHS Trusts or provider organisations.</p> <p>We have created a Cyber Action Plan, which has got the Trust to medium risk status, which has resulted in the risk rating being reduced to 12. We continue to work towards receiving Cyber Essentials Plus accreditation. The action plan has four elements:</p> <ol style="list-style-type: none"> 1. Internal Audit recommendation 2. Cyber Essentials Self-assessment recommendations 3. External Penetration Test recommendations 4. 12 Risks on the trust risk register 	Likelihood:	3	Ongoing
	Consequence:	4	4	4	4		Consequence:	4	
	Risk Level:	16	12	12	12		Risk Level:	12	
Cause of risk:	<ul style="list-style-type: none"> Global malware attacks infecting computers and server operating systems. The most common type of cyber-attack are phishing attacks, through fraudulent emails or being directed to a fraudulent website. 			Impact:	<ul style="list-style-type: none"> A shut down of key IT systems could have a detrimental impact on patient care and access. They can lead to a loss of money and data as well as access to files, networks or system damage. 				

	<ul style="list-style-type: none"> Infrastructure Hardware failure, due to unsupported systems or lack of Capital Refresh.
Current methods of management (controls)	<ul style="list-style-type: none"> A. Network Monitoring solution implemented to defend against hacking /malware. Regular scanning for vulnerability. B. Anti-virus and Anti-malware software in place with programme of ongoing monitoring. Client and server patching programme in place and monitored. C. Process in place to review and respond to national NHS Digital CareCert notifications. D. Self-assessment against Cyber Essential Plus Framework to support development of actions for protection against threats. E. Ongoing Education campaign to raise staff awareness. F. System patching programme in place and upgrade of client and server operating systems G. Wider engagement including NHS Secure Boundary H. Continual Network monitoring for abnormal activity / behaviour I. Vulnerability scanning, to identify vulnerabilities and remediate J. Migration of Clinical Systems to the Cloud K. Strategy of Cloud first, so Software as a service or platform as a service on any new procurements L. Rolling refresh of infrastructure Hardware, LAN, Wi-Fi, Servers, and Client Devices.

Assurance Framework – 3 Lines of Defence – linked to controls (A-L)			
	1st line of Defence <i>(service delivery and day to day management of risk and control)</i>	2nd Line of Defence <i>(specialist support, policy and procedure setting, oversight responsibility)</i>	3rd Line of Defence <i>(Independent challenge on levels of assurance, risk and control)</i>
Assurance:	<ul style="list-style-type: none"> Cyber Essential Plus Framework assessment reviewed by division (D) Day to day systems in place and support provided by cyber security team with increased capacity (A) (B) (C) (F) (H) (I) 	<ul style="list-style-type: none"> Policies, process and awareness in place to support data security and protection and evidence submitted to the DSPToolkit (D) Information sharing and development with organisations within the Sussex ICS (G) Regular quarterly security status report to IG Steering Group and every six months to Audit Committee (D) Monthly reporting via NHS Digital on Cyber Exposure score (D) 	<ul style="list-style-type: none"> Cyber security testing and exercises e.g. ICB cyber simulation event with all NHS organisations in Sussex, and two internal events at ESHT with senior leaders (E) Trust to date has had no ransomware attack (A) (B) (C)(H)(I) RSM internal audits throughout 2024/25 (D) Final submission of DSPT for assurance to internal auditors took place in June 2023; currently collating 2024 submission (D)
Gaps in control/assurance:			
<ul style="list-style-type: none"> Obtain Cyber Essentials Plus to provide assurance on reliability and security of systems and information. Continue with patching programme and address points raised by internal audit Cyber Action plan developed which sets out all of the actions that would need to be taken to mitigate cyber risks 			

Further Actions (to further reduce Likelihood / Impact of risk in order to achieve Target Risk Level in line with Risk Appetite)					
No.	Action Required	Executive Lead	Due Date	Quarter 4 Progress Report	BRAG
1.	Cyber Essentials framework.	Chief Finance Officer	Ongoing	<ul style="list-style-type: none"> Internal Cyber Essentials self-assessment completed with identifies gaps in compliance Gaps have been used to create the cyber action plan Next step is to mitigate gaps in compliance Refreshing cyber five year strategy 	G
2.	Medical devices with network connectivity asset list	Chief Finance Officer	2024	<ul style="list-style-type: none"> Celera, an auditing tool, has been installed and is now running network audit. Further work required to enable greater visibility Anticipate that full visibility will be delivered at EDGH by end of April 2024 Conquest delivery anticipated in 2024 	G
3.	LAN Refresh EDGH	Chief Finance Officer	2024	<ul style="list-style-type: none"> Replace the Core Network and Fibre connections to the Edge Switches Eastbourne core network is now live and migration will be completed during March 2024 Migration of Edge network over the course of 2024 	G
4.	LAN Refresh Conquest	Chief Finance Officer	2024	<ul style="list-style-type: none"> Replace the Core Network and Fibre connections to the Edge Switches Orders are being placed. Core network estates work now complete 	A
5.	24/7 Cyber Operations Centre	Chief Finance Officer	Complete	<ul style="list-style-type: none"> In place and Complete 	G
6.	Active directory migration	Chief Finance Officer	2024	<ul style="list-style-type: none"> New domain has been built Migration of users April 2024 Migration of devices June 2024 Migration of services December 2024 	G





Risk Summary					
BAF Reference and Summary Title:	BAF 7: Failure to develop business intelligence weakens insightful and timely analysis to support decisions			Strategic Aims Impacted	
					
					
				X	X
Risk Description:	Currently developing daily, weekly and monthly dashboard. Aim to develop self-serve as a second stage.				
Lead Director:	Chief Financial Officer	Lead Committee:	Finance and Productivity Committee	Date of last Committee review:	25/01/2024

BAF Risk Scoring									
Inherent Risk	Quarter	23/24 Q1	23/24 Q2	23/24 Q3	23/24 Q4	Rationale for Risk Level	Anticipated Year End Risk	Target Date	
(4x4) 16	Likelihood:	4	4	4	4	A large number of clinical systems and complex data structures, along with a variety of reporting methods and a lack of controls around the data quality leads to a lack of confidence in the data that we produce.	Likelihood:	3	Ongoing
	Consequence:	4	4	4	4		Consequence:	4	
	Risk Level:	16	16	16	16		Risk Level:	12	
Cause of risk:	<ul style="list-style-type: none"> There are a large number of complex clinical systems used across the Trust. Variable quality of data input into systems Number of systems can lead to duplication of data entry Limited assurance available about the data reported outside of the organisation 				Impact:	<ul style="list-style-type: none"> Inability to make clinical decisions. Impact of potentially incorrect data on business planning Impact of using potentially incorrect data when reporting nationally. 			
Current methods of management (controls)	<ul style="list-style-type: none"> A. Local data management policy which includes clear reference to performance data collection, collation and reporting processes; offers a localised point of reference that can provide more clarity to Trust officers than relying solely on national guidance. B. Standard Operating Procedures which assist in ensuring a consistent approach in line with policy by all involved in processes. C. Awareness Training D. Process Mapping E. Responsibilities of all staff groups involved in the process are clearly defined and documented. F. Manual Validation of collected data prior to reporting. G. System Validation – automated checking (such as reasonableness, completeness) of data prior to reporting. 								

Assurance Framework – 3 Lines of Defence – linked to controls (A-G)			
	1 st line of Defence <i>(service delivery and day to day management of risk and control)</i>	2 nd Line of Defence <i>(specialist support, policy and procedure setting, oversight responsibility)</i>	3 rd Line of Defence <i>(Independent challenge on levels of assurance, risk and control)</i>
Assurance:	<ul style="list-style-type: none"> Incidents – there have been incidents (or no incidents) relating to the accuracy of data in this metric. (A)(B)(C)(D)(E) Process Improvement – processes relating to the collection/collation/reporting of data have been subject to improvement. (A)(B)(C)(D)(E)(G) Recruitment of Data Quality lead (A)(B) 	<ul style="list-style-type: none"> Observation/Feels Right – the executive and/or operational lead considers that the reported figures feel correct and are consistent with observations and frontline feedback. (F) Benchmarking – reported figures for the Trust are comparable with similar organisations. (F) Business Intelligence Team View – Business Intelligence/Knowledge Management opinion on the accuracy of the data being reported. (F) 	<ul style="list-style-type: none"> External Review – external organisations (e.g. CQC) have recently reviewed the data and/or data collection processes. (F) Internal Audit/Granularity – Internal Audit (or another assurance function) has conducted a recent, detailed review of the current process. (A)(B)(F)

Gaps in control/assurance:
<ul style="list-style-type: none"> Clear national guidance reduces the risk of inaccurate data being reported and is not available for all metrics. Level of automation. Significant manual intervention increases the risk of human input errors. Complexity of rules, where the rules set out in national guidance are highly complicated and risk misinterpretation. System set-up. Nationally validated systems tend to assist in providing consistency in application of rules and reported data across multiple organisations, providing a greater source of confidence than locally developed systems. Weakest link, where there may be a single point in the process where data quality could be compromised, such as an individual making a process error that impacts on reportable figures. Sensitivity, where small reportable numbers mean any error is exacerbated. Dependency on external bodies to validate data prior to reporting. Opportunity for manipulation if there is any point within the process whereby any individual (or group) can alter reportable figures so that the data is no longer true or accurate.

Further Actions (to further reduce Likelihood / Impact of risk in order to achieve Target Risk Level in line with Risk Appetite)					
No.	Action Required	Executive Lead	Due Date	Quarter 4 Progress Report	BRAG
1.	Recruitment of replacement Data Quality and Assurance Lead	Chief People Officer	April 2024	<ul style="list-style-type: none"> Data Quality and Assurance Lead has been recruited and starts on 1st April 2024 Continue data quality steering group and further development of framework 	G
2.	Electronic Patient Record (EPR) procurement	Chief People Officer	March 2024	<ul style="list-style-type: none"> Outline business case and specification completed, and review of invitation to tender being completed. OBC has been signed off by the national EPRIB Board Procurement will start in 25th March 2024 A large number of posts have been recruited to support procurement and implementation. 	G
3.	Development of Power Business Intelligence (BI) Reporting	Chief People Officer	Ongoing	<ul style="list-style-type: none"> Daily, weekly, and monthly dashboards have been completed Development of divisional reporting Development of updated Board IPR 	G
4.	Upskilling the Business Intelligence team	Chief People Officer	Ongoing	<ul style="list-style-type: none"> Provision of suitable training in the development of Power BI 	A
5.	Development of new data warehouse	Chief Finance Officer	December 2024	<ul style="list-style-type: none"> Move System One to Azure Modern Data Platform (MDP) Move NerveCentre to MDP Integration of new EPR into MDP 	A

Risk Summary					
BAF Reference and Summary Title:	BAF 8: Failure to transform digitally and deliver associated improvements to patient care			Strategic Aims Impacted	
					
Risk Description:	Currently targeted investment in LIMS Pathology, Sectra Radiology, and virtual wards. Full Business Case for Electronic Patient Records to be developed in 23/24.				
Lead Director:	Chief Financial Officer	Lead Committee:	Finance and Productivity Committee	Date of last Committee review:	25/01/2024

BAF Risk Scoring									
Inherent Risk	Quarter	23/24 Q1	23/24 Q2	23/24 Q3	23/24 Q4	Rationale for Risk Level	Anticipated Year End Risk	Target Date	
(4x4) 16	Likelihood:	3	3	3	2	<p>Likelihood: To enable to Trust to transform digitally and develop a culture which embraces significant change there is a dependency on investment and resources however, currently the Trust is reliant on non-recurrent funding making it challenging to plan for large scale changes or recruit to roles.</p> <p>Consequence: Long term impact of not embracing the changes needed to support a digital transformed trust are significant, as the population/patient will expect the Trust to deliver services using enhanced digital solutions. The progress on Electronic Patient Record (EPR) procurement has increased the level of engagement across the organisation and the need for digital and structured data.</p> <p>We have reduced the risk rating associated with this strategic risk because digital awareness across the organisation has greatly improved; divisions are looking to embed digital processes. EPR readiness work is underway to improve digital maturity across the organisation.</p>	Likelihood:	2	31.03.26
	Consequence:	4	4	4	4		Consequence:	4	
	Risk Level:	12	12	12	8		Risk Level:	8	
Cause of risk:	<ul style="list-style-type: none"> Lack of capital and digital funding to deliver improved digital maturity. Lack of staff and capability to deliver, support and manage transformative digital solutions. Lack of time, Business as Usual activity and operational pressures reduce the time required and available to support the change required for digital transformation. Inconsistent processes in relation to be purchase & implementation of new systems, which results in additional steps and handoffs in the process for patient care. Potential organisational unwillingness to embrace change. Trust-wide digital transformation programme requires significantly enhanced capacity and capability to manage change 					Impact:	<ul style="list-style-type: none"> Acceptance of change needed to support new and innovative solutions is disparate across the Trust Lack of capital for investing in the future sustainability of the Trust Loss of key staff Digital solutions developed in silos and unsupported by the Digital team, impacting on the management of patient pathways due to increase in process steps 		

Current methods of management (controls)	<ul style="list-style-type: none"> A. Digital Steering Group setup and established to monitor, support, and approve any Trust wide digital initiative and alignment to digital strategy B. Project Prioritisation Matrix to track and manage priorities for digital C. Working with the ICS to develop a system wide strategy for digital innovation D. Digital Benefit lead role established and currently embedding benefits into all digital activity E. Process Mapping to facilitate change acceptance and benefits management F. Transformation programmes to be put place to realise benefits of cost effectiveness G. Longer term capital plan to support delivery of sustainable services
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Assurance Framework – 3 Lines of Defence – linked to controls (A-G)

	1 st line of Defence <i>(service delivery and day to day management of risk and control)</i>	2 nd Line of Defence <i>(specialist support, policy and procedure setting, oversight responsibility)</i>	3 rd Line of Defence <i>(Independent challenge on levels of assurance, risk and control)</i>
Assurance:	<ul style="list-style-type: none"> • Digital Steering Group to continue to management and approve any digital activity (A) • Process Improvement - process relating to the prioritisation of project / programmes with digital (C) (E) (F) (G) • Benefits Strategy approved (D) 	<ul style="list-style-type: none"> • Oversight by Finance and Productivity and Strategy and Transformation Committees (G) • Digital IPR (A) (B) (F) (G) • Transformation Board (monthly) (F) (G) 	<ul style="list-style-type: none"> • Capital Business cases reviewed by ICS (G) • Internal RSM audits (A) (B) (D)

Gaps in control/assurance:

- Level of automation. Significant manual intervention impacts on the acceptance of change within the Trust
- Complexity and changes to national guidance retain to the patient pathways

Further Actions (to further reduce Likelihood / Impact of risk in order to achieve Target Risk Level in line with Risk Appetite)					
No.	Action Required	Executive Lead	Due Date	Quarter 4 Progress Report	BRAG
1.	EPR procurement	Chief Medical Officer	March 2024	<ul style="list-style-type: none"> Outline business case and specification completed, and review of invitation to tender being completed OBC was signed off by the national EPRIB Board with some conditions; these are being reviewed by the regional team Tender process will start on 25th March 2024 A large number of posts have been recruited to support procurement and implementation. 	G
2.	Digital transformation roadmap based on supporting the digital strategy	Chief Finance Officer	May 2024	<ul style="list-style-type: none"> Review of progress on the digital strategy and development of the next 12–24-month road map 	A
3.	Digital Literacy Assessment	Chief Finance Officer	March 2024	<ul style="list-style-type: none"> Digital literacy assessment has started to be rolled out across clinical wards Development of a plan to increase digital literacy 	G
4.	Increase digital culture	Chief Finance Officer	March 2024	<ul style="list-style-type: none"> Communications strategy and engagement Multidisciplinary team working Appointment of e-nurses and digital fellow 	G

Risk Summary					
BAF Reference and Summary Title:	BAF 9: Failure to maintain focus on improvement			Strategic Aims Impacted    	
Risk Description:	Insufficient focus leads to a failure to embed a QI culture as "the ESHT way" of securing change and the expected improvement outcomes/benefits are therefore not realised				
Lead Director:	Director of Transformation Strategy and Improvement	Lead Committee:	Strategy and Transformation Committee	Date of last Committee review:	07/12/2023

BAF Risk Scoring									
Inherent Risk	Quarter	23/24 Q1	23/24 Q2	23/24 Q3	23/24 Q4	Rationale for Risk Level	Anticipated Year End Risk		Review
(4x4) 16	Likelihood:	4	4	3	3	The current risk position recognises the challenge of delivering the improvements. The improvement in the Q3 scoring is driven by greater confidence in our revised approach, which prioritises skills development internally, supplemented by additional resources in the interim. Over the medium term we are confident that additional resources will be made available to continue the support for our CQI programme. The associated actions are set out in the 'further actions' section.	Likelihood:	3	Every 2 months at Strat Com
	Consequence:	4	4	4	4		Consequence:	4	
	Risk Level:	16	16	12	12		Risk Level:	12	
Cause of risk:	<ul style="list-style-type: none"> People trained under previous model have been inactive Need to build capacity & training infrastructure of new model Challenge of delivering improvement aims in an operationally/ financially challenged environment 					Impact:	<ul style="list-style-type: none"> No current systemic approach to delivering improvements Persistence of training gaps esp. with senior leaders across the Trust 		
Current methods of management (controls)	<ul style="list-style-type: none"> A. Stocktake via the creation of ED Transformation Improvement B. Provide regular reporting via EDs/StratCom as regards the current transformation programme 								

Assurance Framework – 3 Lines of Defence – linked to controls (A-B)			
	1 st line of Defence <i>(service delivery and day to day management of risk and control)</i>	2 nd Line of Defence <i>(specialist support, policy and procedure setting, oversight responsibility)</i>	3 rd Line of Defence <i>(Independent challenge on levels of assurance, risk and control)</i>
Assurance:	<ul style="list-style-type: none"> Through reporting to EDs 	<ul style="list-style-type: none"> Engage strategic partners to capacity build within our teams and clarify approach 	<ul style="list-style-type: none"> Potential for peer review, especially with strategic partner and their experiences elsewhere

Gaps in control/assurance:

- None seen currently

Further Actions (to further reduce Likelihood / Impact of risk in order to achieve Target Risk Level in line with Risk Appetite)

No.	Action Required	Executive Lead	Due Date	Quarter 4 Progress Report	BRAG
1	Recruit to clear CQI lead within TSI team	Dir of TSI	Apr 24	• On track	G
2	Relaunch Exec CQI steering group		Dec 23	• Began on time	B
3	Reprioritise TSI team work programme to increase CQI support		Dec 23	• Began in Dec 23 but not yet complete	A
4	Drive first phase of 'Management System' component through Business Planning Round using internal resource		Apr 24	• On track	A
5	Develop 'Plan B' to continue programme through internal team development and expansion (jointly with HR)		Mar 25	• Not yet due. Will be a key action over 24/25	A
6	Identify and launch with strategic partner (pending financial commitment)		During 24/25	• Not yet due. Remains an intended action over 24/25. High risk relates to the expectation of a challenged resource environment over 24/25	R

Risk Summary					
BAF Reference and Summary Title:	BAF 10: Risk of not being able to maintain delivery of safe, high quality effective care due to significant numbers of patients that are discharge ready with an extended length of stay.			Strategic Aims Impacted	
				X	X
				X	X
Risk Description:	The Trust has very large numbers of patients who do not need the specialist inpatient care provided by ESHT (discharge ready) resulting in a requirement for significant additional capacity and staffing. There is an impact on flow of patients and an increased risk of deconditioning and harms (both physical and mental health) due to the very extended length of stay of some of these patients. In addition there is a negative impact on patient experience as a result.				
Lead Director:	Chief Operating Officer / Chief Nursing Officer / Chief Medical Officer	Lead Committee:	Quality and Safety Committee		Date of last Committee review: 18/01/2024

BAF Risk Scoring								
Inherent Risk	Quarter	23/24 Q1	23/24 Q2	23/24 Q3	23/24 Q4	Rationale for Risk Level	Anticipated Year End Risk	Target Date
(5x4) 20	Likelihood:	4	4	4	4	Evidence on a daily basis of the impact of greater than 50 patients who are discharge ready and the impact that this has on flow and increasing risk to patients and staff. Situation continues with very large numbers of patients who are discharge ready and significant extra bedded capacity open including “supersurge” capacity. In addition in times of extremis it has been necessary to pre-emptively place (board) additional patients on wards until a bed space is available.	Likelihood:	4
	Consequence:	4	4	4	4		Consequence:	4
	Risk Level:	16	16	16	16		Risk Level:	16
Cause of risk:	<ul style="list-style-type: none"> Sustained pressure on care home sector resulting in reduced staffing, capacity and acceptance criteria Closure of care homes across Sussex Pressures on primary care Lack of sufficient suitable alternative pathways for patients Lack of sufficient assessment and treatment capacity in mental health Recent sustained increase in patients whose primary need is mental health and/or housing Increase in assaults and aggressive behaviour from patients and/or members of the public Lack of sufficient capacity for urgent placement of children at risk 					Impact:	<ul style="list-style-type: none"> Delays for some patients in being able to access care Delays to assessment and treatment Patients in inappropriate locations Poor experience for patients and staff Delays with discharge planning and process given the significant numbers of additional and/or complex patients Risk of harm to patients, e.g. self-harm, harm to others, risk of absconding, violence and aggression Patients are deteriorating and deconditioning due to length of stay once discharge ready 	

<ul style="list-style-type: none"> • Lack of sufficient suitably trained staff for all capacity that is in use • National removal of discharge to assess funding • Insufficient Discharge to Assess capacity • Increased length of stay in the acute and onward care settings • Ongoing negative impact of the pandemic e.g. elective backlog of patients, impact on non-elective patients who have not accessed healthcare as a result of the pandemic • Ongoing industrial action by various staff groups 	<ul style="list-style-type: none"> • Increase in safeguarding concerns given the huge numbers of vulnerable patients, many of whom are resistant to care and have a very considerable length of stay • Increasing incidents of violence and aggression
Current methods of management (controls)	<ul style="list-style-type: none"> A. Significant variable additional capacity remains open B. Significant attempts to safely staff all capacity C. Systems in place to identify and escalate NCTR/discharge ready patients D. Ongoing collaborative system working to identify solutions, with discussion at ICB level E. Audit of stranded patients undertaken to investigate risks and/or harms F. Weekly long length of stay panel meeting to support expediting discharge of patients with the longest length of stay G. Full capacity protocol, and escalation actions being updated. H. Ongoing workshops to ensure whole Trust approach in supporting this work. Future work required with plans underway.

Assurance Framework – 3 Lines of Defence – linked to controls (A-H)			
	1 st line of Defence <i>(service delivery and day to day management of risk and control)</i>	2 nd Line of Defence <i>(specialist support, policy and procedure setting, oversight responsibility)</i>	3 rd Line of Defence <i>(Independent challenge on levels of assurance, risk and control)</i>
Assurance:	<ul style="list-style-type: none"> • Robust management of all capacity • Thrice daily reviews of staffing • Redeployment of staff as required • Safety huddles in all clinical areas • Real time bed state/information available • Monitoring of quality and safety KPIs • Assurance through Urgent Care improvement plan overseen by Urgent Care Oversight Group • Daily capture and monitoring of escalation and supersurge capacity 	<ul style="list-style-type: none"> • Use of any additional specialist advice or support, including visits to ESHT and ESHT staff visiting other locations • Daily patient pathway review for all P0-P3 patients with system partners • Clear oversight and responsibility for operational delivery, and of quality and safety • Work being undertaken with Nervecentre to develop capture and monitor patients who are pre-emptively placed 	<ul style="list-style-type: none"> • Scheduled meetings with CQC to discuss data, intelligence and KPIs • Challenge at Trust Board Provider assurance meetings and system clinical quality review meetings



Gaps in control/assurance:

- Workforce demand outstripping supply due to significant additional capacity required
- Lack of suitable physical space for surge capacity
- Lack of sufficient equipment for surge capacity
- Overcrowding due to additional beds and equipment
- Unable to completely avoid all inappropriate attendances/admissions
- Lack of Adult Social Care capacity
- Currently unable to easily/accurately describe the impact or harm from reconditioning
- Accuracy and timeliness of data on NerveCentre albeit improving
- Stranded patients requiring mental health support or housing (the housing challenge is increasing)
- Work ongoing regarding more detailed quality dashboard

Further Actions (to further reduce Likelihood / Impact of risk in order to achieve Target Risk Level in line with Risk Appetite)

No.	Action Required	Executive Lead	Due Date	Quarter 4 Progress Report	BRAG
1.	Ensure clinical areas are staffed as safely as possible	COO/CNO/CMO	Ongoing	<ul style="list-style-type: none"> • Additional capacity is open as anticipated in Q4. • Workforce pressures remain • Clear escalation and de-escalation processes in place. • Reconditioning group to be established with clear process for monitoring and reporting • Initial draft of paper complete and will be submitted to Executives in March for discussion 	A
2.	Ensure as far as possible that patients are placed as safely and appropriately as conditions permit	COO/CNO/CMO	Ongoing	<ul style="list-style-type: none"> • All escalation areas remain open with additional supersurge capacity remaining open and pre-emptive placement of patients when in extremis. 	A
3.	Ensure high risk patients are assessed and flagged appropriately	COO/CNO/CMO	Ongoing	<ul style="list-style-type: none"> • Divisional long length of stay meetings • Weekly high risk patient meeting introduced by CNO 	G
4.	Need to design process for capturing and reporting on the impact of deconditioning	COO/CNO/CMO	Ongoing	<ul style="list-style-type: none"> • Reconditioning group to be established with clear process for monitoring and reporting 	A
5.	Write and present a case for new mental health outreach team at ESHT to support high risk patients whose primary need is mental health	COO/CNO	April 2024	<ul style="list-style-type: none"> • Initial draft of paper complete and will be submitted to Executives in March for urgent discussion 	A



Strategic Aim 1: Collaborating to deliver care better





Strategic Aim 2 : Empowering our People



Strategic Aim 3: Ensure Innovative & Sustainable Care



Strategic Aim 4: Improving the health of our communities

Risk Summary					
BAF Reference and Summary Title:	BAF 11: Failure to demonstrate fair and equal access to our services			Strategic Aims Impacted	
					
	X				X
Risk Description:	Combined operational and financial pressures means that the additional analysis and support is not prioritised in-year				
Lead Director:	Chief of Staff	Lead Committee:	Strategy Committee	Date of last Committee review:	07/12/2023





BAF Risk Scoring									
Inherent Risk	Quarter	23/24 Q1	23/24 Q2	23/24 Q3	23/24 Q4	Rationale for Risk Level	Anticipated Year End Risk		Target Date
(5x3) 15	Likelihood:	3	3	3	3	This risk has evolved from the 22/23 BAF risk 12, around public health priorities. Challenges for 23/24 have involved prioritising the data collection and reporting as part of Trust BAU business intelligence. This information and work has been shared with Divisional leaders where it is identified that access issues persist for sections of our population. We expect to see this data used to support our planned care delivery during 24/25	Likelihood:	3	Review every two months
	Consequence:	3	3	3	3		Consequence:	3	
	Risk Level:	9	9	9	9		Risk Level:	9	
Cause of risk:	<ul style="list-style-type: none"> Capacity within existing BI team Health inequality requirements via contract for 23/24 					Impact:	<ul style="list-style-type: none"> BI team making prioritised choices over aspects of reporting/analysis that it can cover in this financial year 		
Current methods of management (controls)	<ul style="list-style-type: none"> A. Routine information gathering as part of report collation B. Where significant transformation is taking place (e.g. cardiology, ophthalmology) members of the team have been trained or have experience in establishing meaningful engagement (in line with statutory/legal obligations) 								
Assurance Framework – 3 Lines of Defence – linked to controls (A-B)									
	1 st line of Defence <i>(service delivery and day to day management of risk and control)</i>			2 nd Line of Defence <i>(specialist support, policy and procedure setting, oversight responsibility)</i>			3 rd Line of Defence <i>(Independent challenge on levels of assurance, risk and control)</i>		
Assurance:	<ul style="list-style-type: none"> Through reporting documentation (basic stakeholder analysis) to show engagement approaches 			<ul style="list-style-type: none"> Teams engage relevant corporate support (health inequalities, communications) to advise and support where engagement is required 			<ul style="list-style-type: none"> EDs to support prioritisation of team resources to ensure appropriate support is given to most pressing risk areas (e.g. where corporate reputation may be at risk) 		

Gaps in control/assurance:

- The BI team previously had noted their capacity challenge in supporting the data requirement around this risk. This is now resolved.

Further Actions (to further reduce Likelihood / Impact of risk in order to achieve Target Risk Level in line with Risk Appetite)

No.	Action Required	Executive Lead	Due Date	Quarter 4 Progress Report	BRAG
1.	Audit current levels of relevant information (e.g. ethnicity, protected characteristics) available within ESHT	Chief of Staff	Mar-24	This was originally to be supported by a system role to support – sadly we were unable to conclude this. However, the risk has been mitigated by point 2, below.	A
2.	Engage with BI team and ICB data leads re: supporting data analysis re: health inequalities		Mar 24	The ESHT BI team now produce this data routinely	B
3.	Share Health Inequalities data with teams to raise awareness of issues that can then be worked through with Divisions		Mar-24	This will be shared with Divisional Chiefs and Directors in March	A

Risk Summary					
BAF Reference and Summary Title:	BAF 12: Failure to meet the four-hour standard			Strategic Aims Impacted	
					
				X	X
					
				X	X
Risk Description:	Due to ongoing challenges with patient flow, there is a risk that patients spend longer than they need to in the emergency department once they are clinically ready to proceed. This is due to a number of factors and also affects those patients who wait longer than they should to access the emergency department. There is evidence to suggest that patients who spend more than six hours in emergency departments are more likely to suffer harm.				
Lead Directors:	Chief Nurse and DIPC, Chief Medical Officer & Chief Operating Officer	Lead Committee:	Quality and Safety Committee	Date of last Committee review:	18/01/2024

BAF Risk Scoring									
Inherent Risk	Quarter	23/24 Q1	23/24 Q2	23/24 Q3	23/24 Q4	Rationale for Risk Level	Anticipated Year End Risk		Target Date
(5x4) 20	Likelihood:	4	4	4	4	There is robust data/evidence on a daily basis that describes the length of time patients stay in the department and that the standard/ambition is not being met.	Likelihood:	4	Ongoing
	Consequence:	4	4	4	4		Consequence:	4	
	Risk Level:	16	16	16	16		Risk Level:	16	
Cause of risk:	<ul style="list-style-type: none"> Bed occupancy in excess of 92% Lengthy times to assessment in ED, leading to high numbers of non-admitted breaches. High numbers of patients who do not meet CTR and are Discharge Ready Insufficient bedded capacity (flow) immediately available Insufficient community capacity (ESHT, care homes and discharge to assess) 					Impact:	<ul style="list-style-type: none"> Patients spending longer than they need to in the emergency department Delays for patients being able to access the emergency department in a timely way At times increased handover times for ambulance crews Overcrowding of the emergency departments effecting the experience of patients and staff 		
Current methods of management (controls)	<ul style="list-style-type: none"> A. Live bed state provides accurate information regarding occupancy and available bedded capacity B. Urgent Care improvement plan C. Review and refresh of length of stay programme and reporting D. Weekly highlight meetings regarding improvement plan and related KPIs 								

Assurance Framework – 3 Lines of Defence – linked to controls (A-B)			
	1 st line of Defence <i>(service delivery and day to day management of risk and control)</i>	2 nd Line of Defence <i>(specialist support, policy and procedure setting, oversight responsibility)</i>	3 rd Line of Defence <i>(Independent challenge on levels of assurance, risk and control)</i>
Assurance:	<ul style="list-style-type: none"> Urgent Care improvement plan overseen by Urgent Care Oversight Group Eliminate reliance on escalation and super surge areas Focus on non-admitted breaches Back to basics training for staff on discharge processes Review and refresh of length of stay programme, governance and reporting 	<ul style="list-style-type: none"> Discharge Front runner support across Sussex to reduce Discharge Ready numbers Breach compliance assurance across divisions Long length of stay reviews across divisions High risk patient reviews by CNO and CMO 	<ul style="list-style-type: none"> Increase in discharge to assess capacity across Sussex Virtual ward increase in capacity Discharge lounges usage Focus on improving weekend discharges via Urgent and Emergency Care Improvement Plan
Gaps in control/assurance:			
<ul style="list-style-type: none"> Vacancies in Transfer of Care Hub Still embedding processes at ward level e.g. board rounds, referral to Transfer of Care Hub, accurate update of information on NerveCentre Lack of a clear agreed process at system level to escalate and manage delays for temporary accommodation/housing 			

Further Actions (to further reduce Likelihood / Impact of risk in order to achieve Target Risk Level in line with Risk Appetite)					
No.	Action Required	Executive Lead	Due Date	Quarter 4 Progress Report	BRAG
1.	Ongoing recruitment for Transfer of Care Hub	COO	Q1 2024	<ul style="list-style-type: none"> Successfully recruited to all leadership roles and ongoing success with nursing and DISCO roles 	A
2.	Review of CHC process	COO	Oct 2023	<ul style="list-style-type: none"> Part of discharge front runner workplan 	A
3.	Continue three programmes of work reporting to UCOG. Priority actions identified and include work regarding culture, education and roles and responsibilities.	COO	Complete	<ul style="list-style-type: none"> Refreshed education/engagement events now scheduled monthly Likely a requirement for programme management 	B

Appendix One – Links to Corporate Risk Register (only risks rated 15 and above appear on the Corporate Risk Register)

BAF 1 - Capacity constraints associated with supporting the collaborative infrastructure						
Links to Corporate Risk Register:	Date:	Risk Register Number	Title	Initial Risk Score	Current Risk Score	Change
			<i>No current risks on the Corporate Risk Register that apply</i>			
BAF 2 - Failure to attract, develop & retain a workforce that delivers the right care, right setting, right time						
Links to Corporate Risk Register:	Date:	Risk Register Number	Title	Initial Risk Score	Current Risk Score	Change
	07/02/2013	965	Delays in reporting for Radiological Investigations	15	16	◀▶
	14/11/2017	1680	Wait times for routine Child Development clinic referrals >36 months	12	16	◀▶
	17/05/2018	1721	Insufficient physiotherapy staffing for neurological outpatient service	15	15	◀▶
	03/12/2018	1765	Emergency Department nursing vacancies	12	16	◀▶
	21/12/2018	1772	Insufficient intensive care medical consultant staff to deliver 7 day consultant led service	20	16	◀▶
	01/07/2020	1896	Unchaperoned ultrasound examinations	16	16	◀▶
	23/10/2020	1931	Health Visitor Vacancies	9	20	◀▶
	12/08/2021	2066	Inadequate staffing levels to provide consistent Lipid Clinic service	20	15	◀▶
	25/11/2021	2079	Construction project manager vacancies	25	16	◀▶
	25/11/2021	2080	Statutory compliance and quality assurance in construction activities	20	16	◀▶
	28/06/2022	2114	Delays in out of hours patient assessment times	20	16	◀▶
	29/07/2022	2127	Vacancy rate of Occupational Therapists	20	15	▲
	01/08/2022	2128	Insufficient accommodation for international nurses	16	16	◀▶
	17/08/2022	2135	Vacancies in radiology and histopathology increasing diagnostic service waiting times	12	15	◀▶
	22/03/2023	2182	Integrated Support Worker staffing in Urgent Community Response team	20	16	◀▶
	01/06/2023	2192	Radiology Physics Service Staffing	20	15	◀▶
	28/06/2023	2200	Subject Access Requests / Redaction Software	15	15	◀▶
	18/08/2023	2213	Delays to Paediatric Dietetic Appointments	20	20	◀▶
	18/08/2023	2214	Physiotherapy provision for paediatric patients with cystic fibrosis	20	20	◀▶
	22/08/2023	2218	Acute and community physiotherapy staffing vacancies	16	16	◀▶
	25/09/2023	2232	Histopathology consultant vacancies	20	16	◀▶

BAF 3 - Decline in staff welfare, morale and engagement impacts on activity levels and standards of care.						
Links to Corporate Risk Register:	Date:	Risk Register Number	Title	Initial Risk Score	Current Risk Score	Change
	02/10/2017	1669	Risk to community staff from lone working	12	16	◀▶
	14/12/2017	1686	Violence and Aggression in Emergency Departments	9	15	◀▶
	03/12/2018	1765	Emergency Department nursing vacancies	12	16	◀▶
	21/12/2018	1772	Insufficient intensive care medical consultant staff to deliver 7 day consultant led service	20	16	◀▶
	29/04/2020	1867	Violence and Aggression Trust wide	16	20	◀▶
	01/08/2022	2128	Insufficient accommodation for international nurses	16	16	◀▶
	01/06/2023	2192	Radiology Physics Service Staffing	20	15	◀▶
	06/09/2023	2227	Risk to all staff from lone working	15	15	◀▶
BAF 4 - Failure to deliver income levels/manage cost/expenditure impacts savings delivery						
Links to Corporate Risk Register:	Date:	Risk Register Number	Title	Initial Risk Score	Current Risk Score	Change
	13/04/2023	2183	Delivery of the 2023/24 financial plan	20	20	◀▶
BAF 5 - The Trust's aging estate and capital allowance limits the way in which services and equipment can be provided in a safe manner for patients and staff						
Links to Corporate Risk Register:	Date:	Risk Register Number	Title	Initial Risk Score	Current Risk Score	Change
	25/02/2002	19	Risk of Legionella	6	15	◀▶
	07/02/2013	965	Delays in reporting for Radiological Investigations	15	16	◀▶
	10/12/2013	1118	Aging Building Management System (BMS)	15	15	◀▶
	11/11/2015	1397	Clinical Environment Maintenance & Refurbishment	20	15	◀▶
	12/11/2015	1398	External Cladding/Façade at EDGH	20	15	◀▶
	12/11/2015	1410	Potential non-compliance with Fire Safety Legislation	16	16	◀▶
	12/11/2015	1425	Failure of lifts	16	16	◀▶
	09/05/2017	1621	Loss of Electrical Services to Critical Clinical Areas	16	16	◀▶
	09/05/2017	1622	Working at Height	15	15	◀▶
	03/08/2017	1655	Containment Level 3 Laboratory	15	15	▼
	01/03/2018	1703	Fire Detection System	16	16	◀▶
	27/06/2019	1806	Insufficient Ward decant accommodation	12	16	◀▶
	27/06/2019	1807	Insufficient isolation facilities to meet demand	12	16	◀▶
	21/04/2020	1866	Aseptic Unit	20	15	◀▶
	27/05/2020	1879	Capital - Sustainability	12	20	◀▶
	27/11/2020	1937	Eastbourne maternity environment	15	15	◀▶
	29/12/2020	1949	Insufficient air ventilation	16	16	◀▶
	02/07/2021	2053	Clinical Space on Frank Shaw Ward	20	15	◀▶
03/08/2021	2065	Lack of availability of community obstetric venues/hubs	15	15	◀▶	



	25/11/2021	2079	Construction project manager vacancies	25	16	◀▶
	25/11/2021	2080	Statutory compliance and quality assurance in construction activities	20	16	◀▶
	31/10/2022	2154	Conquest Radiology Imaging Equipment	20	16	◀▶
	30/05/2023	2190	Effect of Business Continuity & Critical or Major incidents	16	16	◀▶
	19/07/2023	2210	Obsolescence of software and equipment for Emergency Dental Services	25	15	◀▶
	18/08/2023	2216	Scott Unit environment	20	16	◀▶
	22/08/2023	2219	Conquest CT Scanner installation	25	20	◀▶
	02/10/2023	2230	Environment for children and young people with complex psycho-social challenges	20	16	◀▶
	06/11/2023	2233	Mortuary freezer capacity	16	16	◀▶
	18/12/2029	2233	Research archive room environment	15	15	NEW

BAF 6 - Vulnerability of IT network and infrastructure to prolonged outage and wider cyberattack

Links to Corporate Risk Register:	Date:	Risk Register Number	Title	Initial Risk Score	Current Risk Score	Change
	23/08/2017	1660	Cyber Security	20	16	◀▶
	21/03/2022	2092	Unmitigated Software Vulnerabilities	16	16	◀▶
	21/03/2022	2099	ESHT data centre segregation	20	16	◀▶
	21/03/2022	2100	Third party and supplier remote access controls	20	16	◀▶
	04/11/2022	2158	Multi Factor Authentication	16	16	◀▶
	30/05/2023	2190	Effect of Business Continuity & Critical or Major incidents	16	16	◀▶
	06/06/2023	2196	Network infrastructure devices	16	16	◀▶
	19/07/2023	2210	Obsolescence of software and equipment for Emergency Dental Services	25	15	◀▶
	18/08/2023	2215	Digital booking management for paediatrics	16	16	◀▶

BAF 7 - Failure to develop business intelligence weakens insightful and timely analysis to support decisions

Links to Corporate Risk Register:	Date:	Risk Register Number	Title	Initial Risk Score	Current Risk Score	Change
				<i>No current risks on the Corporate Risk Register that apply</i>		





BAF 8 - Failure to transform digitally and deliver associated improvements to patient care

Links to Corporate Risk Register:	Date:	Risk Register Number	Title	Initial Risk Score	Current Risk Score	Change
	07/02/2013	965	Delays in reporting for Radiological Investigations	15	16	◀▶
	31/10/2022	2154	Conquest Radiology Imaging Equipment	20	16	◀▶
	28/06/2023	2200	Subject Access Requests / Redaction Software	15	15	◀▶

BAF 9 - Failure to maintain focus on improvement						
Links to Corporate Risk Register:	Date:	Risk Register Number	Title	Initial Risk Score	Current Risk Score	Change
			No current risks on the Corporate Risk Register that apply	-	-	-
BAF 10 - Risk of not being able to maintain delivery of safe, high quality effective care due to significant numbers of patients that no longer meet the criteria to reside.						
Links to Corporate Risk Register:	Date:	Risk Register Number	Title	Initial Risk Score	Current Risk Score	Change
	06/06/2016	1496	Demand exceeding capacity of District Nursing service	15	16	◀▶
	03/08/2017	1655	Containment Level 3 Laboratory	15	15	▼
	03/12/2018	1764	Inpatient flow impacting on delivery of care in the Emergency Department	12	20	◀▶
	18/04/2019	1792	Risk of delayed treatment due to overdue follow up appointments	16	16	◀▶
	27/06/2019	1806	Insufficient Ward decant accommodation	12	16	◀▶
	27/06/2019	1807	Insufficient isolation facilities to meet demand	12	16	◀▶
	03/12/2020	1942	Risk of insufficient beds during winter	16	16	◀▶
	10/01/2022	2084	Inadequate psychological support for ESHT patients in the long term condition management and rehab services	20	16	◀▶
	22/03/2023	2182	Integrated Support Worker staffing in Urgent Community Response team	20	16	◀▶
	16/05/2023	2186	Delays in surgical treatments	16	16	◀▶
BAF 11 - Failure to demonstrate fair and equal access to our services						
Links to Corporate Risk Register:	Date:	Risk Register Number	Title	Initial Risk Score	Current Risk Score	Change
	10/01/2022	2084	Inadequate psychological support for ESHT patients in the long term condition management and rehab services	20	16	◀▶
BAF 12 – Failure to meet the four hour standard						
Links to Corporate Risk Register:	Date:	Risk Register Number	Title	Initial Risk Score	Current Risk Score	Change
	06/06/2016	1496	Demand exceeding capacity of District Nursing service	15	16	◀▶
	03/12/2018	1764	Inpatient flow impacting on delivery of care in the Emergency Department	12	20	◀▶
	03/12/2018	1765	Emergency Department nursing vacancies	12	16	◀▶
	23/10/2020	1931	Health Visitor Vacancies	9	20	◀▶
	03/12/2020	1942	Risk of insufficient beds during winter	16	16	◀▶
	10/01/2022	2084	Inadequate psychological support for ESHT patients in the long term condition management and rehab services	20	16	◀▶
	28/06/2022	2114	Delays in out of hours patient assessment times	20	16	◀▶
	16/05/2023	2186	Delays in surgical treatments	16	16	◀▶



Appendix Two – BAF Summary 2022/23

BAF Ref	RISK SUMMARY	Monitoring Committee	Strategic Aims Impacted				Inherent Risk	Current position (Residual risk)				Change	Appetite Risk	Target Risk	Target date
								2022/23							
								Q1	Q2	Q3	Q4				
1	Minimal benefits from collaboration (e.g. better resource use & improved outcomes) for those in greatest need, due to System/Place focus on governance and architecture	Strat	X			X	12	9	6	6	6	◀▶	Seek / Significant	6	Review every two months
2	Failure to attract, develop & retain a workforce that delivers the right care, right setting, right time	POD		X	X	X	15	12	12	12	20	▲	Open	9	Ongoing
3	Decline in staff welfare, morale and engagement that impacts standards of care in 22/23	POD		X	X	X	20	16	16	16	16	◀▶	Cautious / Open	12	Ongoing
4	Failure to deliver income levels/manage cost/expenditure impacts savings delivery	F&P			X	X	20	20	16	8	4	◀▶	Cautious	8	31/01/23
5	Insufficient focus on recurrent delivery of income/cost/savings creates a viability issue post 22/23	F&P			X	X	15	10	10	16	16	◀▶	Seek	10	31/03/23
6	The Trust's aging estate and capital allowance limits the way in which services and equipment can be provided in a safe manner for patients and staff	F&P		X	X	X	20	16	16	16	16	◀▶	Cautious	8	Ongoing
7	Vulnerability of IT network and infrastructure to prolonged outage and wider cyberattack	Audit	X	X	X	X	20	16	16	16	16	◀▶	Minimal	12	Ongoing
8	Failure to develop business intelligence weakens insightful and timely analysis to support decisions	F&P			X	X	20	16	16	16	16	◀▶	Open	12	Ongoing
9	Failure to transform digitally and deliver associated improvements to patient care	F&P			X	X	20	16	16	16	12	▼	Significant	12	31/03/25
10	Failure to maintain focus on improving care	Strat				X	12	12	12	9	9	◀▶	Cautious / Open	9	Review every two months
11	Risk of not being able to maintain delivery of safe, high quality effective care due to huge numbers of patients that no longer meet the criteria to reside.	Q&S	X	X	X	X	20	16	16	16	16	◀▶	Open / Seek	12	Ongoing
12	Failure to play our part in Sussex public health priorities - e.g. mental health, CVD - to strengthen delivery against ICB target areas	Strat	X			X	12	9	6	9	6	▼	Cautious / Open	4	Review every two months
13	Insufficient focus given to the patient/stakeholder voice in service development and transformation to develop fit for purpose and fit for the future services	Strat	X			X	15	12	12	12	9	◀▶	Open	6	31/03/23

Appendix Three: Risk Matrix

LIKELIHOOD RISK RATING - Likelihood Rating is a matter of collective judgement; the table below provides some structure to aid thinking.

Likelihood	Descriptor	Score
Certain	This type of event will happen or certain to occur in the future, (and frequently)	5
High probability	This type of event may happen or there is a 50/50 chance of it happening again	4
Possible	This type of event may happen again, or it is possible for this event to happen (occasionally)	3
Unlikely	This type of event is unlikely occur or it is unlikely to happen again (remote chance)	2
Rare	Cannot believe this type of event will occur or happen again (in the foreseeable future)	1

Table LIKELIHOOD X CONSEQUENCE/IMPACT = RISK RATING

		CONSEQUENCES / IMPACT				
		Insignificant (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
LIKELIHOOD	Certain (5)	5	10	15	20	25
	High probability (4)	4	8	12	16	20
	Possible (3)	3	6	9	12	15
	Unlikely (2)	2	4	6	8	10
	Rare (1)	1	2	3	4	5

Low
1 – 3

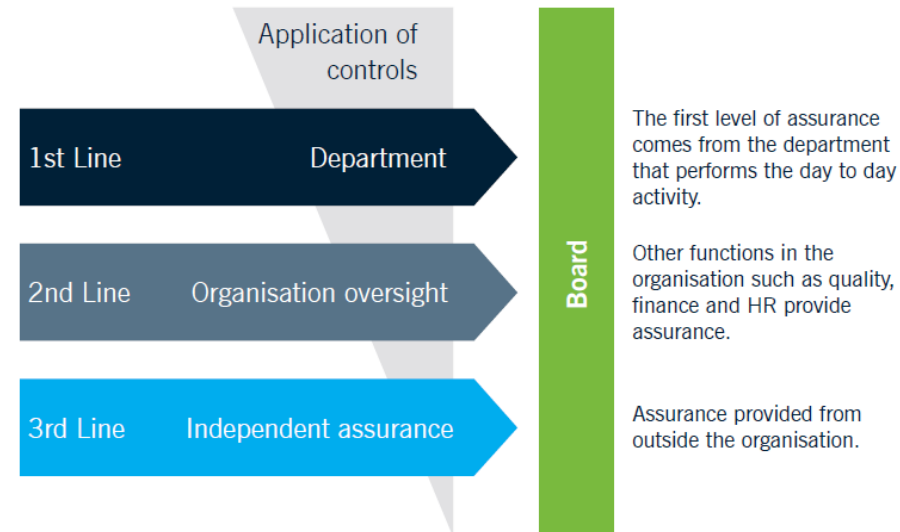
Moderate
4 – 6

High
8 – 12

Extreme
15 – 25

Appendix Five – Three Lines of Defence Assurance Model

This model helps to provide a clearer picture of where the organisation receives assurance and whether it has too much, is duplicated, or has none at all, and whether the coverage of assurances is set at the right level to provide confidence to the Board. It is also important to consider the independence of any assurance provided in terms of how much reliance or comfort can be taken from it. The assurances that an organisation receives can be broken down into the three lines model as illustrated below:



- **1st Line** – provides assurance that performance is monitored, risks identified and addressed and objectives are being achieved. However, may lack objectivity but it is valued that it comes from those who know the business, culture and day to day challenges.
- **2nd Line** – provides insight into how well work is being carried out in line with set expectations and policy or regulatory considerations. It is distinct from and more objective than the first line of assurance
- **3rd Line** – Independent of the first and second lines of defence. Includes internal and external auditors.

Sources: Baker Tilly: Board Assurance: A toolkit for health sector organisations/BAF University Hospitals of North Midlands

Audit Committee 28 March 2024

Summary of meeting for Trust Board

Agenda item number	Title and function of the paper	Key points made in the paper	Associated actions (as necessary)
023/24	Security Annual Report	<ul style="list-style-type: none"> Violence and aggression (V&A) reporting in the Trust continued on an upward trajectory. There were a total of 684 V&A incidents reported in 2023. A 62% increase in V&A had been seen in Emergency Departments in 2023. This increase was also seen nationally and throughout the NHS. ESHT maintained regular contact with police and other NHS trusts to reduce risks and participate within the internal V&A group, which had made significant progress across comms, reporting, risk, policy and wellbeing. Suitable training for staff had been identified via Learning & Development but was yet to be rolled out. 	<ul style="list-style-type: none"> The Committee noted the increase in incidences of violence against staff and emphasised the importance of managing this within the organisation through de-escalation. Training needs analysis to be developed for staff to enable them to manage face to face conflict resolution and provide further enhanced training. Review of security provision in the Trust to be undertaken to identify where additional substantive security staff may help to manage V&A.
024/24	Q4 Board Assurance Framework (BAF)	<ul style="list-style-type: none"> The Committee noted and took assurance from the full BAF 	<ul style="list-style-type: none"> The Audit Committee endorsed the Q4 BAF for presentation to the Trust Board for approval in April.
025/24	Corporate Risk Register	<ul style="list-style-type: none"> Of the 65 risks which qualified as Corporate Risks, 62 risks had been reviewed in the last three months, in accordance with the Risk Management Policy and Procedure, and 4 risks were overdue for review. 	<ul style="list-style-type: none"> Consideration to be given to identifying risks (something that might happen) vs. issues (things that are happening) and whether issues should be included on risk registers. Refresh and review of corporate risk register to be undertaken, with new style reporting being developed, along with closer links to BAF
026/24	Data Security and Protection Toolkit (DSPT) Update	<ul style="list-style-type: none"> The Information Governance (IG) team ran a data protection awareness campaign at the end of January (International Data Awareness Day is on 28th January In total 57 areas/offices were visited across Conquest, EDGH, Bexhill, Rye and Uckfield. ESHT did not have any Information Governance breaches open with the ICO (Information Commissioner's Office). 	
027/24	Review of Accounting Policies and Accounting Estimates & External Audit Questionnaire Responses	<ul style="list-style-type: none"> The Committee was apprised of the latest accounting estimates, including all the key accounting estimates that will be included in Trust's financial statements this year. The Committee reviewed the Trust's self-assessment against the "Inquiries of Management and those charged with governance" questionnaire from the external auditors 	
028/24	Tenders and Waivers	<ul style="list-style-type: none"> The single tender waivers awarded by value for the period 1st January and 31st February 2024 were Medicine £227k (79.3%), Commercial Facilities & Estates £45k (15.7%) & Diagnostics, Anaesthetics & Surgery £14K (5%). Core Services, Women Children & Sexual Health, Corporate Services, Sussex Premier Health, Community Health & Integrated Care, Urgent Care and Trust Wide had no waivers. Waivers for Pacemakers, Loop Recorders & Home Monitoring, £227k, was reviewed by the Audit Committee Chair. The Procurement department have been actively challenging all waivers that have been presented or would have potentially been presented to ensure that all compliant routes to purchase are considered and that VfM is achieved. 	

Agenda item number	Title and function of the paper	Key points made in the paper	Associated actions (as necessary)
029/24	Draft Annual Governance Statement (AGS) 2024	<ul style="list-style-type: none"> The Department of Health and Social Care (DHSC)'s Group Accounting Manual (GAM) requires NHS trusts to include an annual governance statement (AGS) in their annual report. The AGS records the stewardship of the organisation to supplement the accounts and we are required to follow guidance issued by NHS England on the format of the annual governance statement. The Committee noted the draft version of the AGS The AGS would be finalised and approved by the Chief Executive prior to submission of draft 2023/24 annual report to external auditors by 24th April 2024 	<ul style="list-style-type: none"> No recommendations were made by the Committee
030/24	External Audit (EA) Report & EA Plan 2023/24	<ul style="list-style-type: none"> The Committee received and approved the 2023/24 EA work plan. 	
031/24	Internal Audit (IA) Report & IA Plan 2024/25	<ul style="list-style-type: none"> The Committee received and approved the 2024/25 IA work plan. The Committee received and approved the 2024-29 IA Strategy 	<ul style="list-style-type: none"> The Committee requested that the scheduled audit of data quality should be brought forward from January 2025. Agreed that this should be brought forward to Q2 2024/25.
032/24	Counter-Fraud (CF) Service Progress Report & CF Plan 2024/25	<ul style="list-style-type: none"> The Committee received and approved the 2024/25 CF progress report and work plan. 	

Finance and Productivity Committee

28 March 2024

Summary of meeting for Trust Board

Agenda item number	Title and function of the paper	Key points made in the paper	Associated actions (as necessary)
038/24	<p>Board Assurance Framework: Presentation of BAF Risk Assessment for Q4 23/24</p>	<ul style="list-style-type: none"> The Q4 risk rating for BAF 8 (Failure to transform digitally and deliver associated improvements to patient care) had reduced since from 12 to 8 since Q3 due to the increased digital awareness that was being seen across the organisation 	<ul style="list-style-type: none"> Preparations have commenced for the Q1 2024/25 BAF.
039/24	<p>M11 Financial Performance: Presentation of Trust's financial position both with key issues highlighted</p>	<ul style="list-style-type: none"> £0.2m surplus at Month 11 taking the YTD to a deficit of £4.9m Pay run rate higher in month vs month 10 due to Industrial Action causing a budget variance of (£1.9m) The underlying run rate has improved from the prior month at £1.6m (down from £1.8m) Recommendation that the Committee approve the revised forecast of £5.0m 	<ul style="list-style-type: none"> Elective activity will be delivered by the Trust ahead of national trajectory for 2023/24. March 2024 performance better than anticipated. Financial planning for 2024/25 continues, with a challenging year anticipated.
040/24	<p>System Update Presentation of System financial performance including analysis of all providers.</p>	<ul style="list-style-type: none"> Plan was submitted by Sussex ICS to national team in March. The financial plan will be subject to updating as we move into 2024/25. Financial challenges anticipated across the Sussex system for 2024/25 	<ul style="list-style-type: none"> The Committee noted the update.
041/24	<p>Productivity Portfolio update/KPI Dashboard/Elective Recovery update Presentation on productivity portfolio and efficiency position and programme risks noted</p>	<ul style="list-style-type: none"> £3m Efficiencies in month which is £0.7m behind the planned value of £3.7m YTD delivery is £25.4m, which is £3.9m behind the planned value of £29.3m Length of Stay have been delivering against target Overall delivery of outpatient performance and day case elective activity remains above 108% Outpatient DNAs have seen an improvement although remain above 6% Improvement in pre-booked theatre utilisation 	<ul style="list-style-type: none"> Significant proportion of non-recurrent benefits seen during 2023/24; looking to increase proportion of recurrent benefits for 2024/25. Reviews of use of resources in the Trust being undertaken to ensure best use across the organisation.

Agenda item number	Title and function of the paper	Key points made in the paper	Associated actions (as necessary)
042/24	M11 Capital Position Update on Capital Position	<ul style="list-style-type: none"> The capital expenditure ytd position at month 11 was £29m, which was £20.5m behind the year-to-date plan of £49.5m However, the Trust expects to deliver the year end plan (with data to date in March supporting this) The Trusts overall CRL is expected to be £64.8m for the year 	<ul style="list-style-type: none"> Ongoing monitoring of capital position Mitigation projects underway
043/24	24/25 Planning Outline Overview of the approach and current status of planning for 24/25,	<ul style="list-style-type: none"> Some limited planning guidance released ERF baseline will be the same as the initial 23/24 before the adjustments for IA A&E 4 hour wait: national minimum increased from 76% to 78% Wait times: focus on 65 week waits, not dropped to 52 week waits. Want all 65 week waits eliminated by September The national ask for acute headcount to reduce next year Interim financial plan shows a deficit of £34.7m Recent conversation with the ICB has led to revised expectation of £17.4m 	<ul style="list-style-type: none"> Continue detailed bottom-up planning Develop productivity plans
044/24	Backlog Maintenance Overview of the backlog maintenance	<ul style="list-style-type: none"> Cost to Trust to repair all of Trust's estate to good standard discussed; refreshed survey undertaken every five years. Priority infrastructure risks identified for each hospital in the Trust 	<ul style="list-style-type: none"> More detailed paper to be presented to Committee and the Board in due course.

Agenda item number	Title and function of the paper	Key points made in the paper	Associated actions (as necessary)
045/24	<p>24/25 Capital Plan Update on planning for 2024/25 capital programme</p>	<ul style="list-style-type: none"> Trust has outline five-year capital plan, which 2024/25 plan will be based on. There is significant pressure showing in the outline plan with further review and challenge required. 	<ul style="list-style-type: none"> Anticipate that final capital plan will be presented to Committee in April for approval following further review and final prioritisation of capital expenditure.
046/24	<p>Nursing Establishment Review (NER) Presentation of position statement in relation in relation to nursing workforce requirements needed to achieve safe staffing levels in the adult and paediatric inpatient areas within the Trust (does not include maternity)</p>	<ul style="list-style-type: none"> NER Data collection completed during September/October 2023 Staff templates in inpatient areas captured during the NER meet the recommended levels of staffing and should have correct budgets and roster templates in place. The Trust is compliant with the NHSE Developing Workforce Safeguards guidance (2018) in respect of the nursing workforce for in-patient 	<ul style="list-style-type: none"> Work being undertaken to develop community nursing establishment tool for use in the Trust Work also being undertaken to develop a mental health strategy to ensure that appropriate staffing and support is available for patients with mental health needs Supports care for patients, reduces staffing costs ensuring that establishments are appropriate, budgeted and properly set.
047/24	<p>Items for Escalation from CRG summarise schemes requiring F&P approval</p>	<ul style="list-style-type: none"> None for escalation this month 	
048/24	<p>Welkin Purchase Update on progress with the purchase of Welkin residences in Eastbourne.</p>	<ul style="list-style-type: none"> The Trust has agreed to purchase three buildings in Eastbourne totalling 355 bedded units from Brighton University This will provide accommodation for students on placements, junior doctors and international nurses 	<ul style="list-style-type: none"> Complete the purchase by the end of March Explore utilisation of part of the facility for 'step down' capacity

Agenda item number	Title and function of the paper	Key points made in the paper	Associated actions (as necessary)
049/24	EPR (Electronic Patient Record) Programme Update	<ul style="list-style-type: none"> • The Trust was awarded funding of £15.5m capital and £2.55m revenue to support the procurement and implementation of an enterprise EPR solution • A detailed benefits study is ongoing and has identified substantial cash releasing and non-cash releasing benefits over the 10 year lifetime of the programme • Tender exercise has begun, with anticipated completion by late October, with a preferred supplier having been confirmed. • Full business case to be approved both internally and regionally/nationally • Good clinical and operational engagement being seen 	<ul style="list-style-type: none"> • Commence and run the EPR tender • Full Business Case approval anticipated by August 2024

People & Organisational Development (POD) Committee

21 March 2024

Summary of meeting for Trust Board

Carys Williams – Chair of POD Committee

Agenda item number	Title and function of the paper	Key points made in the paper	Actions
3.1	POD Workforce Insight Report	<ul style="list-style-type: none"> • Turnover rate had reduced by 0.3% to 9.9% (702.6 wte leavers in the last 12 months). The lowest rate since May 21 when leaver rates were suppressed due to the pandemic • Trust vacancy rate had reduced again, for the seventh consecutive month, by a further 0.4% to 6.1% • Appraisal rate increased by 0.5% to 83.5% • Monthly training rate was unchanged at 89.7% • Monthly sickness rate reduced by 0.8% to 5.2% • Annual sickness rate was unchanged at 5.2% • Trust vacancy rate had reduced again, for the eighth consecutive month, by a further 1.5% to 4.6% (363.4 wte vacancies) • Monthly training rate increased by 0.5% to 90.2%, exceeding the 90% target for the first time • Workforce pay expenditure had increased; much of this directly attributable to the January industrial action • January payments for industrial action were completed a month retrospectively, which equated to £0.6m paid on additional temporary cost. This was directly due to consultant colleagues working differently attracting an additional remuneration in line with their contracts. The increase in Waiting list initiative payments (WLI) costs was seen as an attempt to regain some activity that was lost over the industrial action period 	
4.1	Integrated Education CPD Funding	<p><u>CPD Priorities for 2023/24:</u> Patient Safety Initiatives, Mental Health Training for NHS Trust Colleagues, Midwifery Training Grants, Training Grant Funding, Leadership and Management Training Support, Advanced Clinical Practice</p> <p><u>CPD Funding:</u> At the end of March 2023, the total amount of funding allocated by the CPD Funding Panel approved a total of £457,200</p>	

Agenda item number	Title and function of the paper	Key points made in the paper	Actions
5.1	Board Assurance Framework (BAF)	<p>BAF 2: The residual risk rating is unchanged from Q2 at 15. This is because there continue to be specialities in the Trust where recruitment is nationally challenged, although the Trust has had some success in recruiting to substantive roles that are considered hard to recruit. Industrial action continued to present short term workforce issues and disquiet in the workforce. The anticipated year end risk remains at 15 reflecting the ongoing threat of industrial action.</p> <p>BAF 3: The residual risk rating is unchanged from Q2 at 16. This is due to data demonstrating that engagement levels have reduced both locally and across the NHS over the past three years. The anticipated year end risk rating has been increased back to 16 having reduced to 12 during Q3. This is due to continued industrial action. However, it is important to note that the ongoing and sustained improvement seen across workforce metrics (for example turnover and vacancy rate) continues.</p> <p>The Committee noted the Q4 BAF update.</p>	
6.1	EDI Workforce	<p>Key highlights:</p> <ul style="list-style-type: none"> • Faith and Belief Network – focus on the role of faith within healthcare practice • International Women’s Day – “inspiring female leaders in male dominated workplaces” • Centralised Reasonable Adjustment Process in place – smoother process for colleagues requiring reasonable adjustments within their role • Veteran Aware accreditation – completed submission to become Veteran Aware Accredited Organisation and to become a holder of the Silver Defence Employer Recognition Scheme • Network roadshows to take place in April. <p>A conversation took place regarding the increasing queries in relation to neurodivergence.</p>	<p>It was agreed to hold a session on neurodivergence at a future POD Committee meeting</p>

Agenda item number	Title and function of the paper	Key points made in the paper	Actions
6.2	Health & Wellbeing Report	<ul style="list-style-type: none"> • Men’s Health – Support sessions to be delivered by ManKind and RDP International Ltd commencing May 2024 • Accreditation – progressed well with the collation of evidence towards achieving a Bronze Award status for “wellbeing at work” • Bereavement Training – to support individuals • Wellbeing Champions to be nominated to share best practice. <p>A lengthy discussion took place regarding the recruitment freeze and some people having to take on extra work creating potential burnout, resulting in long term sickness or leaving the organisation.</p> <p>It was agreed to have further conversations at a future POD Committee on:</p> <ul style="list-style-type: none"> • Burnout - Practical support for our people and managers at all levels • Burnout - How we are managing whether it is a risk or an issue 	<p>It was agreed to have further discussions around “burnout” at a future POD Committee.</p>
7.1	Guardian of Safe Working Hours (GOSWH)	<p><u>Exception Reporting</u> It was highlighted that the number of exception reports had increased over this period. The reason for this was that communication and encouragement on the importance of exception reporting was delivered to the junior doctors.</p> <p><u>GOSWH Fines</u> It was highlighted that no fines had been issued since November 2022.</p>	
8.1	Appraisal Compliance monthly update	<p>Over the last 4 weeks appraisal compliance has continued to improve steadily rising slightly by 0.5% to 83.5% .</p>	

Quality & Safety Committee

21 March 2024

Summary of meeting for Trust Board

Agenda item number	Title and function of the paper	Key points made in the paper	Associated actions (as necessary)
029/2024	Patient Safety & Quality Group (PSQG) - Escalation and Assurance	<ul style="list-style-type: none"> This season had been low for flu & COVID infection rates. There have been 12 COVID cases which have been effectively managed. Measles cases nationally have been on the rise and measures are in place. 11 recommendations were made following the 2023 PLACE inspections of our hospitals (acute and community) – All recommendations have actions to address. Mortality Deep dives were under way; these were being led by the CMO and Deputy CMO. 	
030/2024	Quality Dashboard	<ul style="list-style-type: none"> Quality Dashboard is an important mechanism to help inform the QSC and Board that services are safe and efficient. Majority of metrics showed common cause variation with nothing exceptional noted 	
031/2024	Monthly - Governance Quality Report	<ul style="list-style-type: none"> Overall reported events for February 2024 was a decrease Reporting for PSIRF continued to evolve and more detailed reporting would be available from April 2024 The status of open SI's continues to move to a position of closure as we fully transition to PSIRF (Patient Safety Incident Response Framework) Datix IQ go-live anticipated in April 2024 and preparations are ongoing to facilitate this. Phase 2 of the PSIRF Implementation Plan has commenced Outstanding Amber reports continued to decrease as Divisions were actively working through them with the support of the Patient Safety Team. 	<ul style="list-style-type: none"> Discussion to take place between AD for Clinical Governance and ADN for Core Services about numbers of diagnostic PSIRF events in terms of how these would be reduced and lessening their impact. Paper to be submitted by Division to QSC in April.
032/2024	High Level Risk Register	<ul style="list-style-type: none"> Of the 65 risks which qualified as Corporate Risks, 62 risks had been reviewed in the last three months, in accordance with the Risk Management Policy and Procedure, and 4 risks were overdue for review. 	<ul style="list-style-type: none"> New style report for risk in draft and aim to have for future meetings Need to ensure alignment with BAF and that all significant risks are reviewed
033/2024	Maternity Clinical Quality Surveillance Report	<ul style="list-style-type: none"> Support was ongoing for the Eastbourne community team, through the temporary suspension of Eastbourne Midwifery Unit intrapartum care provision, with the midwives redeployed to provide antenatal and postnatal care to Eastbourne community. There had been no new complaints, PALS enquiries or reduction in FFT data in relation to the provision or quality of maternity services at ESHT. A full review of Maternity services will commence with a Birthrate Plus review in early 2024. Active recruitment is currently underway to fill vacancy in the Eastbourne community team. 	<ul style="list-style-type: none"> Director of Maternity Services to advise about discrepancy between tables and wording from the report around where the largest number of maternity bookings take place

Agenda item number	Title and function of the paper	Key points made in the paper	Associated actions (as necessary)
034/2024	Division Report – Urgent Care and Frailty	<ul style="list-style-type: none"> B7 CDU Matron at EDGH is having a significant positive impact on consistency, leadership and patient safety Waiting times out of hours were of concern, although saw improvement in February. 4 x Band 2 Health Care Assistants had started in ED EDGH and settled in well. 	
035/2024	Quality Account Priorities - Progress Report	<ul style="list-style-type: none"> The Quality Account (QA) is an annual public report to share information on the quality and standards of care and services the Trust provides. Notes against each of the previous 2022/23 priority were as follows: <ol style="list-style-type: none"> Implementing the Patient Safety Framework: challenges that remained included the education of staff relating to the response templates for patient safety events and the culture shift to system and process learning Reducing insulin prescription and administration errors: ‘safe use of insulin’ training was now additionally completed face to face, and a mandatory option on MyLearn for the safe use of insulin for nurses, midwives, doctors and pharmacists was being explored. End of Life Care: ESHT had participated in 4 rounds of National Audit of Care at the End of Life (NACEL) and results were improving, with the last round of NACEL seeing the Trust score higher than the national average in most measures. 	<ul style="list-style-type: none"> Update to be provided to the Committee in three months regarding recruitment of Patient Safety Partners to support ‘Implementing the Patient Safety Framework’. Deputy Chief Nurse to speak with Senior Resuscitation Officer about Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) audit work and linking in with End-of-life care. It was planned that a ReSPECT paper would report into the Resuscitation Committee
036/2024	CQC Key Lines of Enquiry (KLOEs)	<ul style="list-style-type: none"> All clinical divisions shared their progress and self-assessment against the CQC Key Lines of Enquiry (KLOEs) with good progress and no escalations to note. A common theme for areas that Require Improvement was the challenge posed by our ageing estate. 	
037/2024	Community Paediatrics - Waiting List Report	<ul style="list-style-type: none"> Overarching goal for the service was to reduce wait times and to provide the identified support while on the pathway as identified in the service specification. New service specification was being discussed/ negotiated with commissioner. The aim was to better define a sustainable offer from the service, considering the significant change seen in demand for community paediatrics. 	
038/2024	Board Assurance Framework (BAF)	<ul style="list-style-type: none"> The Committee noted BAFs 10 & 12, taking assurance 	

Agenda item number	Title and function of the paper	Key points made in the paper	Associated actions (as necessary)
039/2024	Maternity Overview Board Report Q3 2023/24	<ul style="list-style-type: none"> • There was good evidence to support that our services were well led overall and well managed on a day-to-day basis as confirmed following the CQC visit in October 2022 • Staff compliance in line with national requirement for maternity specific training had been maintained. A robust plan of action was underway to ensure Trust targets were met with regards to Trust mandatory training for medical staff. The 2023 CQC national maternity survey provided good evidence that ESHT were delivering excellent care, with areas where action had been identified already having action plans 	<ul style="list-style-type: none"> • Director of Midwifery to present a paper about induced labour rates and outcomes to the QSC in six months' time
040/2024	Environmental and Ligature risks - Rapid Review of the Estate	<ul style="list-style-type: none"> • A rapid review of the estate was requested to identify areas that with modification, patients whose sole/primary need is mental health be placed until a mental health bed became available and to also determine what measures could be undertaken to mitigate risks in areas of higher reported incidents. • Five key areas where improvements could be made were identified and three main response options were identified: cohorting of patients; refurbishment of side rooms on both acute sites; revision of Trust refurbishment standards 	<ul style="list-style-type: none"> • Further discussion once review complete about mitigation/next steps until/unless BFF work complete.
041/2024	Deep Dive: Trends in Preterm Births	<ul style="list-style-type: none"> • Saving Babies' Lives' ambition is to reduce national preterm birth rates from 8% to 6% by 2025. However nationally since the pandemic preterm birth rates in England and Wales have increased from 7.4% in 2020 to 7.6% in 2021. • EHST had adopted Saving Babies' Lives element 5 implementation for prediction and prevention of preterm birth. • ESHT Preterm birth rates were marginally over the national average for England and Wales in 2023. Deprivation, lower maternal age and smoking status were well known factors to increase preterm birth rates. 	
042/2024	Quality Account (QA) Priorities for next year - long list to short list	<ul style="list-style-type: none"> • QA Priorities for 2024/25 were agreed as follows: Improving the quality of decision making for people who lack capacity; Safe Administration/Prescribing of Paracetamol and Reducing the number of rejected pathology samples 	

Organ Donation Annual Report 22/23

Purpose of the paper	Recognition of a patient's wishes regarding organ and tissue donation should form part of routine end of life care. This report provides details regarding organ donation activity at East Sussex Healthcare Trust for the period of April 2022 to March 2023 and is based on data provided by NHS Blood & Transplant who are the national organisation that oversees donation.			
	For Decision		For Assurance	For Information
Sponsor/Author	Dr Simon Merritt – Chief Medical Officer Dr Judith Highgate – Clinical Lead for Organ Donation			
Governance overview	Organ Donation Committee Clinical Excellence Group Quality and Safety Committee			

Strategic aims addressed	Collaboration	Improving health	Empowering people	Efficient/Sustainable
		X	X	

Values reflected	Working Together	Improvement & Development	Respect & Compassion	Engagement & Involvement
	X		X	X

Recommendation	The Board is asked to:
	1. Note that the Organ Donation Committee will continue to oversee policy, education, and publicity to inform and support organ and tissue donation activity within ESHT and East Sussex.
	2. Support ongoing communications about organ donation through trust communications channels, including social media content during events such as Organ Donation Week and Eastbourne Airbourne.
	3. The Organ Donation Committee requests that the board supports the allocation of donor recognition funds at the end of each financial year. The roll over of these funds would enable the Organ Donation Committee to fund larger scale activity within the trust, such as improvements to critical care and ED relatives' rooms.

Executive Summary	Actual & Potential Donors: At ESHT between 1 st April 2022 & 31 st March 2023 there were eight families who consented to donation. Six patients proceeded as solid organ donors leading to 15 patients receiving transplants. There was an increase in the number of families consenting but no change in the number of patients proceeding as donors; due to medical contraindications found during routine donor screening. The Trust achieved 100% referral rates for donation after brainstem death neurological death testing and an improvement in referral rates for donation after circulatory death for the second year in a row. Unfortunately, over the last year, ESHT had a significant drop in the presence of a specialist nurse when approaching families to discuss donation, deemed to represent best practice so that the specialist nurse can answer any specific questions the family may have around donation. While ESHT remains within bronze (average) performance, it represents a significant drop when compared with previous performance at ESHT and with other trusts of a similar size. In the same period ESHT has also had a drop in the number of families consenting to donation after circulatory death. The reasons for these changes have been explored with the Critical Care teams and identified themes are being targeted by the clinical lead & specialist nurses.
	Funding:

	<p>Since 2018, trusts have received financial support from NHS blood & transplant in three ways:</p> <ol style="list-style-type: none"> 1. Donor recognition funding: which is based on the number of proceeding donors in the previous financial year and is intended to support future donation activity; 2. Funding for the clinical lead position: to provide clinical leadership for donation; and 3. Clinical Lead & Organ Donation committee expenses. <p>Donor recognition funding is not allocated until July at the earliest and the amount each trust receives is re-calculated each year. This means that for a quarter of the financial year, the Organ Donation Committee either has to decline any requests for funding or manage an overspend on the budget. In 2022/23 ESHT received £8,915.53 of donor recognition funding some of which was used to install a memorial bench beside the lake at Conquest Hospital, funding a commemorative plaque and 2 Himalayan Cherry trees alongside the bench.</p> <p>Organ Donation week: To mark the end of organ donation week in September 2022, the Organ Donation Committee arranged a non-denominational service of remembrance which was held at the newly installed remembrance bench at Conquest Hospital, with the families of local donors invited to attend. It is hoped that this will become an annual event to mark the end of National Organ Donation week. It is intended that a suitable site should be identified at Eastbourne, once building works have been completed, so that families local to Eastbourne have a place to remember and reflect on their loved ones.</p> <p>Research: ESHT is enrolled as a research site for SIGNET – a national research study with the aim to examine the effect of a single dose of simvastatin given to consented, proceeding donors following neurological death on the outcome in cardiac recipients. This work is supported by the National Institute for Health Research. The study opened in 2022 and ESHT has enrolled 1 patient in the timeframe of this report.</p> <p>The full 2022/23 Organ Donation annual report can be found as an appendix to the Board papers.</p>
Next steps	The Organ Donation Committee will continue to oversee policy, education, and publicity to inform and support organ and tissue donation activity within ESHT and East Sussex.

Use of Trust Seal

Purpose of the paper	To inform the Board of the use of the Trust Seal				
	For Decision		For Assurance		For Information
Sponsor/Author	Chief of Staff				
Governance overview	Not applicable				

Strategic aims addressed	Collaboration	Improving health	Empowering people	Efficient/Sustainable

Values reflected	Working Together	Improvement & Development	Respect & Compassion	Engagement & Involvement

Recommendation	The Board is asked to note the use of the Trust Seal since the last Board meeting.
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Executive Summary	The Trust Seal was used to seal five documents between 1 st February 2024 and 28 th March 2024:
	<u>Sealing 105 – Rother District Council, 13th March 2024</u> Agreement for lease of 16B Beeching Road (Bexhill CDC) for 10 years.
	<u>Sealing 106 – CliniSys Solutions Limited, 21st March 2024</u> Digital Order Communications contract undertaken on behalf of the Sussex Pathology Network. Initial term of 9 years, plus an extension option of up to 3 further years.
	<u>Sealing 107 – Mizaic Limited, 27th March 2024</u> Contract for provision of Our Care Connected Electronic Document Management System integration, including development of e-forms onto MediViewer using Evolve API. Initial term of 5 years, with an extension option for up to 5 further years.
	<u>Sealing 108 – Rother District Council, 27th March 2024</u> Agreement of sale for ESHT to purchase ‘the Plot 3 land at Mount View Street, Bexhill-on-Sea.’
<u>Sealing 109 – University of Brighton, 27th March 2024</u> Agreement of sale for ESHT to purchase Welkin Residences, Gaudick Road, Eastbourne, BN20 7SH.	

Next steps	Not applicable
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NHS leadership competency framework for board members

[Publication](#) ([/publication](#))

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1. Introduction

1.1 Context

Leaders in the NHS help deliver better health and care for patients by setting the tone for their organisation, team culture and performance.

We have worked with a wide range of leaders from across the NHS to help describe what we do when we operate at our best. We have engaged with stakeholders including NHS Providers, NHS Employers and NHS Confederation, and built in best practice from other industries. We have used the feedback to design the 6 competency domains in the Leadership Competency Framework (the framework) to support board members to perform at their best.

The competency domains reflect the [NHS values](https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england#nhs-values) (<https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england#nhs-values>) and the following diagram shows how they are aligned:

Working together for patients*	Compassion
Building a trusted relationship with partners and communities	Creating a compassionate, just and positive culture
Respect and dignity	Improving lives

Promoting equality and inclusion and reducing health and workforce inequalities	Setting strategy and delivering long term transformation Driving high quality sustainable outcomes
Commitment to quality of care	Everyone counts
Driving high quality and sustainable outcomes Setting strategy and delivering long term transformation	Promoting equality and inclusion and reducing health and workforce inequalities Creating a compassionate, just and positive culture
Providing robust governance and assurance	

*Wherever the word “patient” is used in this document, this refers to patients, service users and carers.

The competency domains are aligned to [Our NHS People Promise](https://www.england.nhs.uk/ournhspeople/online-version/lfaop/our-nhs-people-promise/) (<https://www.england.nhs.uk/ournhspeople/online-version/lfaop/our-nhs-people-promise/>), [Our Leadership Way](https://www.leadershipacademy.nhs.uk/organisational-resources/our-leadership-way/) (<https://www.leadershipacademy.nhs.uk/organisational-resources/our-leadership-way/>) and the [Seven Principles of Public Life](https://www.gov.uk/government/publications/the-7-principles-of-public-life/the-7-principles-of-public-life--2) (<https://www.gov.uk/government/publications/the-7-principles-of-public-life/the-7-principles-of-public-life--2>). (Nolan Principles). A high-level summary of the values and concepts from these documents is in Appendix 1.



(<https://www.england.nhs.uk/wp-content/uploads/2024/02/leadership-competency-framework.png>)

1.2 Background

In 2019, the Tom Kark KC review of the fit and proper person test was published. This included a recommendation for ‘the design of a set of specific core elements of competence, which all directors should be able to meet and against which they can be assessed’. This framework responds to that recommendation and forms part of the [NHS England Fit and Proper Person Test Framework \(https://www.england.nhs.uk/publication/nhs-england-fit-and-proper-person-test-framework-for-board-members/\)](https://www.england.nhs.uk/publication/nhs-england-fit-and-proper-person-test-framework-for-board-members/) for board members (FPPT).

The framework takes account of other NHS England frameworks and strategies including:

- [NHS England Operating Framework \(https://www.england.nhs.uk/publication/operating-framework/\)](https://www.england.nhs.uk/publication/operating-framework/)
- [NHS National Patient Safety Strategy \(https://www.england.nhs.uk/patient-safety/the-nhs-patient-safety-strategy/\)](https://www.england.nhs.uk/patient-safety/the-nhs-patient-safety-strategy/)
- [NHS Long Term Workforce Plan \(https://www.england.nhs.uk/publication/nhs-long-term-workforce-plan/\)](https://www.england.nhs.uk/publication/nhs-long-term-workforce-plan/)
- [NHS Equality, Diversity and Inclusion Improvement Plan \(https://www.england.nhs.uk/long-read/nhs-equality-diversity-and-inclusion-improvement-plan/#high-impact-action-1\)](https://www.england.nhs.uk/long-read/nhs-equality-diversity-and-inclusion-improvement-plan/#high-impact-action-1)
- [National Quality Board Shared Commitment to Quality \(https://www.england.nhs.uk/publication/national-quality-board-shared-commitment-to-quality/\)](https://www.england.nhs.uk/publication/national-quality-board-shared-commitment-to-quality/)
- [NHS Well Led Framework \(https://www.england.nhs.uk/well-led-framework/\)](https://www.england.nhs.uk/well-led-framework/)
- The statutory framework of the [Health and Care Act 2022 \(https://www.legislation.gov.uk/ukpga/2022/31/contents/enacted\)](https://www.legislation.gov.uk/ukpga/2022/31/contents/enacted)

1.3 Purpose

Being an NHS board member means holding an extremely demanding yet rewarding leadership responsibility. NHS board members have both an individual and collective role in shaping the vision, strategy and culture of a system or organisation, and supporting high-quality, personalised and equitable care for all now and into the future.

This framework is for chairs, chief executives and all board members in NHS systems and providers, as well as serving as a guide for aspiring leaders of the future. It is designed to:

- support the appointment of diverse, skilled and proficient leaders
- support the delivery of high-quality, equitable care and the best outcomes for patients, service users, communities and our workforce
- help organisations to develop and appraise all board members
- support individual board members to self-assess against the six competency domains and identify development needs.

People taking on first-time director roles, in particular, are unlikely to be able to demonstrate all the competency examples. However, this framework should provide a guide by which, over time, directors can measure themselves and develop proficiency in all areas. Where development areas are identified, commitment to working on these will be important.

As non-executive directors have different roles and responsibilities to those of executive directors, and there are differences between executive director roles, the framework supports the assessment of board members in their role as part of a unitary board. All six competency domains should be considered for all board members, taking account of any specific role related responsibilities and nuances.

Achievement against the competency domains supports the Fit and Proper Person assessment for individual board members.

2 The six leadership competency domains

2.1 Driving high-quality and sustainable outcomes

The skills, knowledge and behaviours needed to deliver and bring about high quality and safe care and lasting change and improvement – from ensuring all staff are trained and well led, to fostering improvement and innovation which leads to better health and care outcomes.

2.2 Setting strategy and delivering long-term transformation

The skills that need to be employed in strategy development and planning, and ensuring a system wide view, along with using intelligence from quality, performance, finance and workforce measures to feed into strategy development.

2.3 Promoting equality and inclusion, and reducing health and workforce inequalities

The importance of continually reviewing plans and strategies to ensure their delivery leads to improved services and outcomes for all communities, narrows health and workforce inequalities, and promotes inclusion.

2.4 Providing robust governance and assurance

The system of leadership accountability and the behaviours, values and standards that underpin our work as leaders. This domain also covers the principles of evaluation, the significance of evidence and assurance in decision making and ensuring patient safety, and the vital importance of collaboration on the board to drive delivery and improvement.

2.5 Creating a compassionate, just and positive culture

The skills and behaviours needed to develop great team and organisation cultures. This includes ensuring all staff and service users are listened to and heard, being respectful and challenging inappropriate behaviours.

2.6 Building a trusted relationship with partners and communities

The need to collaborate, consult and co-produce with colleagues in neighbouring teams, providers and systems, people using services, our communities, and our workforce. Strengthening relationships and developing collaborative behaviours are key to the integrated care environment.

3 Using the framework

3.1 Recruitment

The competency domains should be incorporated into all NHS board member* job/role descriptions and recruitment processes. They can be used to help evaluate applications and design questions to explore skills and behaviours in interviews, presentations and other aspects of the recruitment and assessment process.

* 'Board member' refers to all board members – executive and non-executive.

3.2 Appraisal

The competency domains in section 5 should form a core part of board member appraisals and the ongoing development of individuals and the board as a whole. The framework should be applied as follows – a new Board Member Appraisal Framework incorporating the competencies will be published to support this:

Chairs should:

- Carry out individual appraisals for the chief executive and non-executive directors, based on the framework and other objectives
- Assure themselves that individual board members can demonstrate broad competence across all 6 domains and that they have the requisite skills, knowledge and behaviours to undertake their roles
- Assure themselves there is strong, in-depth evidence of achievement against the competency domains collectively across the board, and ensure that appropriate development takes place where this is not the case
- Ensure the findings feed into the personal development plans of non-executive directors
- As and when required, include relevant information in the Board Member Reference (<https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.england.nhs.uk%2Fwp-content%2Fuploads%2F2023%2F08%2FPRN00238-ii-appendix-2-the-board-member-reference-template.docx&wdOrigin=BROWSELINK>) when a board member leaves

Chief executives should:

- Carry out individual appraisals for the executive directors based on the framework and other objectives
- Ensure the findings feed into the personal development plans of the executive directors

The senior independent director (or deputy chair) should:

- Carry out the appraisal for the chair based on the framework and other objectives
- Ensure the findings feed into the personal development plan of the chair

Board members should:

- Self-assess against the six competency domains as preparation for annual appraisal
- Identify and plan development activity as part of ongoing continuous professional development (CPD), taking into account any professional standards that are also applicable for specific board member roles
- Review the self-assessment with their line manager and obtain feedback

All board members will have more detailed individual, team and organisational objectives. The 6 domains identify competency areas and provide examples of leadership practice and behaviours which will support delivery against objectives.

3.3 Development

Even the most talented and experienced individuals are unlikely to be able to demonstrate how they meet all the competencies in this framework all of the time. However, it should provide a means by which, over time, individuals can measure themselves and develop proficiency in all areas.

The competency domains will be built into national leadership programmes and support offers for board directors and aspiring board directors. All board members should actively engage in ongoing development to enable continued and greater achievement across the competency domains over time, and should be supported to do so.

Board members should refer to the [directory of board level learning and development opportunities](https://www.england.nhs.uk/long-read/directory-of-board-level-learning-and-development-opportunities/) (<https://www.england.nhs.uk/long-read/directory-of-board-level-learning-and-development-opportunities/>) for existing development offers.

3.4 Scoring guide

Appendix 2 is an optional scoring guide for individual board members to use when self-assessing against the competency domains.

4 Next steps

The Board Member Appraisal Framework will be published by autumn 2024. It will reflect the competency domains in this framework, as well as other performance objectives. It will also provide guidance on how to assess performance against the 6 competency domains, including for experienced board members and those who have been in post less than 12 months.

The LCF will continue to be kept under review, and may be updated periodically to reflect changes in the NHS operating environment, as well as feedback received from users. Feedback can be sent to england.karkimplementationteam@nhs.net (<mailto:england.karkimplementationteam@nhs.net>).

5 Detailed leadership competency domains

The individual competencies are expressed as 'I' statements. This is to indicate personal actions and behaviours that board members will demonstrate in undertaking their roles. However, it is recognised that, including in the context of a unitary board, high performance and delivery against objectives is also achieved through effective team working and collaboration.

1. Driving high-quality and sustainable outcomes

What does good look like?

I am a member of a unitary board which is committed to ensuring excellence in the delivery (and / or the commissioning) of high quality and safe care within our limited resources, including our workforce. I seek to ensure that my organisation* demonstrates continual improvement and that we strive to meet the standards expected by our patients and communities, as well as by our commissioners and regulators, by increasing productivity and bringing about better health and care outcomes with lasting change and improvement.

* All references to “organisation” also refer to systems for board members of integrated care boards.

Competencies

1. I contribute as a leader:

- a. to ensure that my organisation delivers the best possible care for patients
- b. to ensure that my organisation creates the culture, capability and approach for continuous improvement, applied systematically across the organisation

2. I assess and understand:

- a. the performance of my organisation and ensure that, where required, actions are taken to improve
- b. the importance of efficient use of limited resources and seek to maximise:
 - i. productivity and value for money

ii. delivery of high quality and safe services at population level

c. the need for a balanced and evidence-based approach in the context of the board's risk appetite when considering innovative solutions and improvements

3. I recognise and champion the importance of:

a. attracting, developing and retaining an excellent and motivated workforce

b. building diverse talent pipelines and ensuring appropriate succession plans are in place for critical roles

c. retaining staff with key skills and experience in the NHS, supporting flexible working options as appropriate

4. I personally:

a. seek out and act on performance feedback and review, and continually build my own skills and capability

b. model behaviours that demonstrate my willingness to learn and improve, including undertaking relevant training

2. Setting strategy and delivering long-term transformation

What does good look like?

I am a member of a unitary board leading the development of strategies which deliver against the needs of people using our services, as well as statutory duties and national and local system priorities. We set strategies for long term transformation that benefits the whole system and reflects best practice, including maximising the opportunities offered by digital technology. We use relevant data and take quality, performance, finance, workforce intelligence and proven innovation and improvement processes into account when setting strategy.

Competencies

1. I contribute as a leader to:

- a. the development of strategy that meets the needs of patients and communities, as well as statutory duties, national and local system priorities
- b. ensure there is a long-term strategic focus while delivering short-term objectives
- c. ensure that our strategies are informed by the political, economic, social and technological environment in which the organisation operates
- d. ensure effective prioritisation within the resources available when setting strategy and help others to do the same

2. I assess and understand:

- a. the importance of continually understanding the impact of the delivery of strategic plans, including through quality and inequalities impact assessments
- b. the need to include evaluation and monitoring arrangements for key financial, quality and performance indicators as part of developing strategy
- c. clinical best practice, regulation, legislation, national and local priorities, risk and financial implications when developing strategies and delivery plans

3. I recognise and champion the importance of long-term transformation that:

- a. benefits the whole system
- b. promotes workforce reform
- c. incorporates the adoption of proven improvement and safety approaches
- d. takes data and digital innovation and other technology developments into account

4. I personally:

- a. listen with care to the views of the public, staff and people who use services, and support the organisation to develop the appropriate engagement skills to do the same
- b. seek out and use new insights on current and future trends and use evidence, research and innovation to help inform strategies

3. Promoting equality and inclusion, and reducing health and workforce inequalities

What does good look like?

I am a member of a unitary board which identifies, understands and addresses variation and inequalities in the quality of care and outcomes to ensure there are improved services and outcomes for all patients and communities, including our workforce, and continued improvements to health and workforce inequalities.

Competencies

1. I contribute as a leader to:

- a. improve population health outcomes and reduce health inequalities by improving access, experience and the quality of care
- b. ensure that resource deployment takes account of the need to improve equity of health outcomes with measurable impact and identifiable outcomes
- c. reduce workforce inequalities and promote inclusive and compassionate leadership across all staff groups

2. I assess and understand:

a. the need to work in partnership with other boards and organisations across the system to improve population health and reduce health inequalities (linked to Domain 6)

3. I recognise and champion:

a. the need for the board to consider population health risks as well as organisational and system risks

4. I personally:

a. demonstrate social and cultural awareness and work professionally and thoughtfully with people from all backgrounds

b. encourage challenge to the way I lead and use this to continually improve my approaches to equality, diversity and inclusion and reducing health and workforce inequalities.

4. Providing robust governance and assurance

What does good look like?

I understand my responsibilities as a board member and how we work together as a unitary board to reach collective agreement on our approach and decisions. We use a variety of information sources and data to assure our financial performance, quality and safety frameworks, workforce arrangements and operational delivery. We are visible throughout the organisation and our leadership is underpinned by the organisation's behaviours, values and standards. We are seen as a Well Led organisation and we understand the vital importance of working collaboratively.

Competencies

1. I contribute as a leader by:

- a. working collaboratively on the implementation of agreed strategies
- b. participating in robust and respectful debate and constructive challenge to other board members
- c. being bound by collective decisions based on objective evaluation of research, evidence, risks and options
- d. contributing to effective governance and risk management arrangements
- e. contributing to evaluation and development of board effectiveness

2. I understand board member responsibilities and my individual contribution in relation to:

- a. financial performance
- b. establishing and maintaining arrangements to meet statutory duties, national and local system priorities
- c. delivery of high quality and safe care
- d. continuous, measurable improvement

3. I assess and understand:

- a. the level and quality of assurance from the board's committees and other sources
- b. where I need to challenge other board members to provide evidence and assurance on risks and how they impact decision making
- c. how to proactively monitor my organisation's risks through the use of the Board Assurance Framework, the risk management strategy and risk appetite statements
- d. the use of intelligence and data from a variety of sources to recognise and identify early warning signals and risks – including, for example, incident data; surveys; external reviews; regulatory intelligence; understanding variation and inequalities.

4. I recognise and champion:

- a. the need to triangulate observations from direct engagement with staff, patients and service users, and engagement with stakeholders
- b. working across systems, particularly in responding to patient safety incidents, and an understanding of how this links with continuous quality improvement

5. I personally:

- a. understand the individual and collective strengths of the board, and I use my personal and professional knowledge and experience to contribute at the board and support others to do the same

5. Creating a compassionate, just and positive culture

What does good look like?

As a board member I contribute to the development and ongoing maintenance of a compassionate and just learning culture, where staff are empowered to be involved in decision making and work effectively for their patients, communities and colleagues. As a member of the board, we are each committed to continually improving our approach to quality improvement, including taking a proactive approach and culture.

Competencies

1. I contribute as a leader:

- a. to develop a supportive, just and positive culture across the organisation (and system) to enable all staff to work effectively for the benefit of patients, communities and colleagues
- b. to ensure that all staff can take ownership of their work and contribute to meaningful decision making and improvement
- c. to improve staff engagement, experience and wellbeing in line with our NHS People Promise (for example, with reference to equality, diversity and inclusion; freedom to speak up; personal and professional development; holding difficult conversations respectfully and addressing conflict)
- d. to ensure there is a safe culture of speaking up for our workforce

2. I assess and understand:

- a. my role in leading the organisation's approach to improving quality, from immediate safety responses to creating a proactive and improvement-focused culture

3. I recognise and champion:

- a. being respectful and I promote diversity and inclusion in my work
- b. the ability to respond effectively in times of crisis or uncertainty

4. I personally:

- a. demonstrate visible, compassionate and inclusive leadership
- b. speak up against any form of racism, discrimination, bullying, aggression, sexual misconduct or violence, even when I might be the only voice
- c. challenge constructively, speaking up when I see actions and behaviours which are inappropriate and lead to staff or people using services feeling unsafe, or staff or people being excluded in any way or treated unfairly
- d. promote flexible working where possible and use data at board level to monitor impact on staff wellbeing and retention

6. Building trusted relationships with partners and communities

What does good look like?

I am part of a board that recognises the need to collaborate, consult and co-produce with colleagues in neighbouring teams, providers and systems, people using services, our communities and our workforce. We are seen as leading an organisation that proactively works to strengthen relationships and develop collaborative behaviours to support working together effectively in an integrated care environment.

Competencies

1. I contribute as a leader by:

- a. fostering productive partnerships and harnessing opportunities to build and strengthen collaborative working, including with regulators and external partners
- b. identifying and communicating the priorities for financial, access and quality improvement, working with system partners to align our efforts where the need for improvement is greatest

2. I assess and understand:

- a. the need to demonstrate continued curiosity and develop knowledge to understand and learn about the different parts of my own and other systems
- b. the need to seek insight from patient, carer, staff and public groups across different parts of the system, including Patient Safety Partners

3. I recognise and champion:

- a. management, and transparent sharing, of organisational and system level information about financial and other risks, concerns and issues
- b. open and constructive communication with all system partners to share a common purpose, vision and strategy

Appendix 1: Values and concepts from key documents which form an anchor for this framework

Our people promise

- We are compassionate and inclusive
- We are recognised and rewarded
- We each have a voice that counts
- We are safe and healthy
- We are always learning
- We work flexibly
- We are a team

NHS values

- Working together for patients
- Respect and dignity
- Commitment to quality of care
- Compassion
- Improving lives
- Everyone counts

Our leadership way

We are compassionate

- We are inclusive, promote equality and diversity, and challenge discrimination
- We are kind and treat people with compassion, courtesy and respect.

We are curious

- We aim for the highest standards and seek to continually improve, harnessing our ingenuity
- We can be trusted to do what we promise

We are collaborative

- We collaborate, forming effective partnerships to achieve our common goals
- We celebrate success and support our people to be the best they can be

Health and Care Act 2022

- Collaborate with partners to address our shared priorities and have the core aim and duty to improve the health and wellbeing of the people of England.
- Improve the quality, including safety, of services provided.
- Ensure the sustainable, efficient use of resources for the wider system and communities

Seven principles of public life

- Selflessness
- Integrity
- Objectivity

- Accountability
- Openness
- Honesty
- Leadership

Appendix 2: Optional scoring guide for individual self-assessment against the competencies

Download a word copy of this [scoring guide \(https://www.england.nhs.uk/wp-content/uploads/2024/02/B0496i-app-2-optional-scoring-guide-for-individual-self-assessment-against-the-competencies.docx\)](https://www.england.nhs.uk/wp-content/uploads/2024/02/B0496i-app-2-optional-scoring-guide-for-individual-self-assessment-against-the-competencies.docx).

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Appendix B

Appendix 2: Optional scoring guide for individual self-assessment against the competencies

Domain 1: Driving high quality, sustainable outcomes						
	Competencies	Almost always	Frequently	Occasionally	Rarely or never	No chance to demonstrate
1	I contribute as a leader:					
1a	to ensure that my organisation delivers the best possible care for patients					
1b	to ensure that my organisation creates the culture, capability and approach for continuous improvement, applied systematically across the organisation					
2	I assess and understand:					
2a	the performance of my organisation and ensure that, where required, actions are taken to improve					
2b	the importance of efficient use of limited resources and seek to maximise: <ul style="list-style-type: none"> i. productivity and value for money ii. delivery of high quality and safe services at population level 					
2c	the need for a balanced and evidence-based approach in the context of the board's risk appetite when considering innovative solutions and improvements					
3	I recognise and champion the importance of:					
3a	attracting, developing and retaining an excellent and motivated workforce					
3b	building diverse talent pipelines and ensuring appropriate succession plans are in place for critical roles					
3c	retaining staff with key skills and experience in the NHS, supporting flexible working options as appropriate					
4	I personally:					
4a	seek out and act on performance feedback and review, and continually build my own skills and capability					
4b	model behaviours that demonstrate my willingness to learn and improve, including undertaking relevant training					



Domain 2: Setting strategy and delivering long term transformation

	Competencies	Almost always	Frequently	Occasionally	Rarely or never	No chance to demonstrate
1	I contribute as a leader to:					
1a	the development of strategy that meets the needs of patients and communities, as well as statutory duties, national and local system priorities					
1b	ensure there is a long-term strategic focus while delivering short-term objectives					
1c	ensure that our strategies are informed by the political, economic, social and technological environment in which the organisation operates					
1d	ensure effective prioritisation within the resources available when setting strategy and help others to do the same					
2	I assess and understand:					
2a	the importance of continually understanding the impact of the delivery of strategic plans, including through quality and inequalities impact assessments					
2b	the need to include evaluation and monitoring arrangements for key financial, quality and performance indicators as part of developing strategy					
2c	clinical best practice, regulation, legislation, national and local priorities, risk and financial implications when developing strategies and delivery plans					
3	I recognise and champion the importance of long-term transformation that:					
3a	benefits the whole system					
3b	promotes workforce reform					
3c	incorporates the adoption of proven improvement and safety approaches					
3d	takes data and digital innovation and other technology developments into account					
4	I personally:					
4a	listen with care to the views of the public, staff and people who use services, and support the organisation to develop the appropriate engagement skills to do the same					
4b	seek out and use new insights on current and future trends and use evidence, research and innovation to help inform strategies					



Domain 3: Promoting equality and inclusion, and reducing health inequalities

Competencies		Almost always	Frequently	Occasionally	Rarely or never	No chance to demonstrate
1	I contribute as a leader to:					
1a	improve population health outcomes and reduce health inequalities by improving access, experience and the quality of care					
1b	ensure that resource deployment takes account of the need to improve equity of health outcomes with measurable impact and identifiable outcomes					
1c	reduce workforce inequalities and promote inclusive and compassionate leadership across all staff groups					
2	I assess and understand:					
2a	the need to work in partnership with other boards and organisations across the system to improve population health and reduce health inequalities (linked to Domain 6)					
3	I recognise and champion:					
3a	the need for the board to consider population health risks as well as organisational and system risks					
4	I personally:					
4a	demonstrate social and cultural awareness and work professionally and thoughtfully with people from all backgrounds					
4b	encourage challenge to the way I lead and use this to continually improve my approaches to equality, diversity and inclusion and reducing health and workforce inequalities					



Domain 4: Providing robust governance and assurance

	Competencies	Almost always	Frequently	Occasionally	Rarely or never	No chance to demonstrate
1	I contribute as a leader by:					
1a	working collaboratively on the implementation of agreed strategies					
1b	participating in robust and respectful debate and constructive challenge to other board members					
1c	being bound by collective decisions based on objective evaluation of research, evidence, risks and options					
1d	contributing to effective governance and risk management arrangements					
1e	contributing to evaluation and development of board effectiveness					
2	I understand board member responsibilities and my individual contribution in relation to:					
2a	financial performance					
2b	establishing and maintaining arrangements to meet statutory duties, national and local system priorities					
2c	delivery of high quality and safe care					
2d	continuous, measurable improvement					
3	I assess and understand:					
3a	the level and quality of assurance from the board's committees and other sources					
3b	where I need to challenge other board members to provide evidence and assurance on risks and how they impact decision making					
3c	how to proactively monitor my organisation's risks through the use of the Board Assurance Framework, the risk management strategy and risk appetite statements					
3d	the use of intelligence and data from a variety of sources to recognise and identify early warning signals and risks					

4	I recognise and champion:					
4a	the need to triangulate observations from direct engagement with staff, patients and service users, and engagement with stakeholders					
4b	working across systems, particularly in responding to patient safety incidents, and an understanding of how this links with continuous quality improvement					
5	I personally:					
5a	understand the individual and collective strengths of the board, and I use my personal and professional knowledge and experience to contribute at the board and support others to do the same					



Domain 5: Creating a compassionate, just and positive culture

	Competencies	Almost always	Frequently	Occasionally	Rarely or never	No chance to demonstrate
1	I contribute as a leader:					
1a	to develop a supportive, just and positive culture across the organisation (and system) to enable all staff to work effectively for the benefit of patients, communities and colleagues					
1b	to ensure that all staff can take ownership of their work and contribute to meaningful decision making and improvement					
1c	to improve staff engagement, experience and wellbeing in line with our NHS People Promise					
1d	to ensure there is a safe culture of speaking up for our workforce					
2	I assess and understand:					
2a	my role in leading the organisation's approach to improving quality, from immediate safety responses to creating a proactive and improvement-focused culture					
3	I recognise and champion:					
3a	being respectful and I promote diversity and inclusion in my work					
3b	the ability to respond effectively in times of crisis or uncertainty					
4	I personally:					
4a	demonstrate visible, compassionate and inclusive leadership					
4b	speak up against any form of racism, discrimination, bullying, aggression, sexual misconduct or violence, even when I might be the only voice					
4c	challenge constructively, speaking up when I see actions and behaviours which are inappropriate and lead to staff or people using services feeling unsafe; or staff or people being excluded in any way or treated unfairly					
4d	promote flexible working where possible and use data at board level to monitor impact on staff wellbeing and retention					



Domain 6: Building trusted relationships with partners and communities

Competencies	Almost always	Frequently	Occasionally	Rarely or never	No chance to demonstrate
1	I contribute as a leader by:				
1a	fostering productive partnerships and harnessing opportunities to build and strengthen collaborative working, including with regulators and external partners				
1b	identifying and communicating the priorities for financial, access and quality improvement, working with system partners to align our efforts where the need for improvement is greatest				
2	I assess and understand:				
2a	the need to demonstrate continued curiosity and develop knowledge to understand and learn about the different parts of my own and other systems				
2b	the need to seek insight from patient, carer, staff and public groups across different parts of the system, including Patient Safety Partners				
3	I recognise and champion:				
3a	management, and transparent sharing, of organisational and system level information about financial and other risks, concerns and issues				
3b	open and constructive communication with all system partners to share a common purpose, vision and strategy				

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Directory of board level learning and development opportunities

This document is part of the [NHS England Fit and Proper Person Test Framework for board members](https://www.england.nhs.uk/publication/nhs-england-fit-and-proper-person-test-framework-for-board-members/) (<https://www.england.nhs.uk/publication/nhs-england-fit-and-proper-person-test-framework-for-board-members/>).

[Publication \(/publication\)](#)

Content

- [Board director support offers](#)
- [Programmes and networks from other organisations](#)

This is a directory of support offers for executive and non-executive board directors. These offers have been considered against a set of quality assurance criteria. The list is not exhaustive but is a compilation of support offers where there is sufficient information available – either via desktop research or through dialogue with providers – to include with confidence that they offer support commensurate with the level. In some cases, the offer is a network, in which case the aims, purpose and inclusivity of the network have been considered.

There is repetition in this list as some offers are applicable to more than one staff group.

Offers from within the NHS and from organisations supporting the NHS.

Board director support offers

Offers applicable to all board roles

Provider: NHS Leadership Academy
Programme title: Collaborate Well Podcast
Audience: Available to all board members
Description:

- Resources about and sharing learning on integrated care system development.
- Series of podcasts and webinars – topics include clinical leadership, complex needs, inequalities.

Link: [Collaborate well – podcast playlist](https://senioronboarding.leadershipacademy.nhs.uk/working-collaboratively/podcasts-and-webinars/) (<https://senioronboarding.leadershipacademy.nhs.uk/working-collaboratively/podcasts-and-webinars/>)

Provider: Healthcare Financial Management Association

Programme title: Healthcare Financial Management

Audience: Available to all board members

Description:

- Healthcare Financial Management Association provides an assortment of resources and learning including bitesize sessions.
- Support for roles working in NHS finance at board level.

Link: [Healthcare Financial Management Association \(https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.hfma.org.uk%2F&data=05%7C01%7Ccharminder.basra1%40nhs.net%7Cd0068a1849e44336d4e708db76f0d634%7C37c354b285b047f5b22207b48d774ee3%7C\)](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.hfma.org.uk%2F&data=05%7C01%7Ccharminder.basra1%40nhs.net%7Cd0068a1849e44336d4e708db76f0d634%7C37c354b285b047f5b22207b48d774ee3%7C)

Provider: Independent network

Programme title: Disabled NHS Directors Network

Audience: Open to new directors who meet the criteria

Description:

- Designed for executives and non-executives providing mentoring and coaching support to strengthen collective impact and voice of disabled leaders' network.
- Toolkit commissioned for recruitment and retention of disabled non-executive directors for boards.

Link: [Disabled NHS Directors Network \(https://disablednhsdirectorsnetwork.nhs.uk/\)](https://disablednhsdirectorsnetwork.nhs.uk/)

Offers for CEOs and newly appointed CEOs

Provider: NHS Leadership Academy

Programme title: Explore and Rethink through the CEO lens

Audience: Newly appointed CEOs

Description:

Resources to support the first 100 days in role. Three modules:

- Transitioning into role
- Systems leadership
- Leading an effective executive team

Link: Create account and log in via [Newly appointed CEO support – Leadership Academy \(https://www.leadershipacademy.nhs.uk/newly-appointed-ceo-support/\)](https://www.leadershipacademy.nhs.uk/newly-appointed-ceo-support/)

Provider: NHS Confederation

Programme title: First time Chief Executives programme

Audience: First time CEOs

Description:

- Peer support and development for first time CEOs.

- Bi-monthly meetings with national leaders from across the system

Link: [First-Time Chief Executives Programme | NHS Confederation \(https://www.nhsconfed.org/first-time-CEO\)](https://www.nhsconfed.org/first-time-CEO)

Provider: NHS Leadership Academy

Programme title: Chief Executives Development Network

Audience: Open to new CEOs

Description:

- Three, two-day development days per annum – coming soon.
- Access to online resources.
- A dedicated transition coach who will meet you twice yearly, initially to welcome you into the network and then to help progress your personal learning agenda and shape Network events.

Link: [Chief Executive Development Network – Leadership Academy \(https://www.leadershipacademy.nhs.uk/senior-leadership-support-and-development/chief-executive-officers/chief-exec-development/\)](https://www.leadershipacademy.nhs.uk/senior-leadership-support-and-development/chief-executive-officers/chief-exec-development/)

Information on joining by email to [ceo@leadershipacademy.nhs.uk \(mailto:ceo@leadershipacademy.nhs.uk\)](mailto:ceo@leadershipacademy.nhs.uk)

Provider: NHS Leadership Academy

Programme title: Peer to Peer support

Audience: Open to new CEOs

Description:

- Support for new CEOs from existing, experienced CEOs
- Confidential and practical support, hosted by NHS England but confidential to the peer to peer relationship.

Link: Can register for support at [Peer-to-peer Support: Expression of Interest – Leadership Academy \(https://learninghub.leadershipacademy.nhs.uk/peertopeernetwork-eoi/\)](https://learninghub.leadershipacademy.nhs.uk/peertopeernetwork-eoi/)

Provider: NHS Leadership Academy

Programme title: Transition Coaching

Audience: New CEO

Description:

Access and support to a dedicated transition coach, to welcome to the network and to help progress personal learning agenda and shape network events

Link: Register for a transition coach at [ceo@leadershipacademy.nhs.uk \(mailto:ceo@leadershipacademy.nhs.uk\)](mailto:ceo@leadershipacademy.nhs.uk)

Provider: NHS Leadership Academy

Programme title: Collaborate Well Podcast

Audience: CEO

Description:

- Resources looking at and sharing learning about ICS development.
- Series of podcasts and webinars – topics include clinical leadership, complex needs, inequalities.

Link: [Collaborate well – podcast playlist \(https://senioronboarding.leadershipacademy.nhs.uk/working-collaboratively/podcasts-and-webinars/\)](https://senioronboarding.leadershipacademy.nhs.uk/working-collaboratively/podcasts-and-webinars/)

Provider: NHS Leadership Academy

Programme title: Mentoring offer

Audience: Available to all CEOs

Description:

Experienced former NHS chairs and CEOs who offer mentoring services to current NHS chairs and CEOs

Link: Please contact [karen.robinson23@nhs.net \(mailto:karen.robinson23@nhs.net\)](mailto:karen.robinson23@nhs.net)

Provider: NHS Providers

Programme title: Network

Audience: Chairs and CEOs of NHS trusts and foundation trusts

Description:

One of 12 networks run by NHS Providers for members. The events are specifically designed to help members get the information, guidance and inspiration they need.

Link: Networks home page [Member networks – NHS Providers \(https://nhsproviders.org/networks\)](https://nhsproviders.org/networks)

Offers for chairs and new in post chairs

Provider: NHS Providers

Programme title: Chairs Onboarding

Audience: New Chairs

Description:

Part of the NHS Providers board development suite of offers:

- One-day onboarding event
- Six-month induction programme
- Chair mentoring support network

Link: [Chair Induction Programme \(NHS Providers\) \(https://nhsproviders.org/development-offer/board-development/what-is-board-development\)](https://nhsproviders.org/development-offer/board-development/what-is-board-development) Dates published on the website.

Provider: NHS Leadership Academy

Programme title: Chairs Development Network

Audience: Chairs

Description:

The Chair Development Network (CHADN) is designed to provide personalised, flexible and accessible learning. It offers the following core elements:

- Three two-day network meeting days per annum – coming soon
- Access to online resources
- Access to coaching and mentoring (if required).

First-time chairs are also offered a dedicated Transition Coach.

Link: [Chair Development Network – Leadership Academy \(https://www.leadershipacademy.nhs.uk/senior-leadership-support-and-development/chair-and-ned-development/chair-development-network/\)](https://www.leadershipacademy.nhs.uk/senior-leadership-support-and-development/chair-and-ned-development/chair-development-network/)

Provider: NHS Leadership Academy

Programme title: Aspirant Chair

Audience: Current NEDs aspiring to a chair role

Description:

- A new programme for current non-executive directors planning to step into chair roles in the next 12-18 months.
- Aims to support a strong, diverse pipeline of candidates for chairs on NHS provider Boards.

Link: [New Aspirant Chair Programme – NHS Senior Leadership Onboarding and Support \(https://senioronboarding.leadershipacademy.nhs.uk/new-aspirant-chair-programme/#:~:text=NHS%20England%20has%20developed%20the%20Aspirant%20Chair%20Programme,chair%20role%20following%20completion%20of%20this%20development%20pr](https://senioronboarding.leadershipacademy.nhs.uk/new-aspirant-chair-programme/#:~:text=NHS%20England%20has%20developed%20the%20Aspirant%20Chair%20Programme,chair%20role%20following%20completion%20of%20this%20development%20pr)

Provider: NHS Leadership Academy

Programme title: Collaborate Well Podcast

Audience: Available to all board roles including chairs

Description:

- Resources looking at and sharing learning about ICS development.
- Series of podcasts and webinars – topics include clinical leadership, complex needs, inequalities.

Link: [Collaborate well – podcast playlist \(https://senioronboarding.leadershipacademy.nhs.uk/working-collaboratively/podcasts-and-webinars/\)](https://senioronboarding.leadershipacademy.nhs.uk/working-collaboratively/podcasts-and-webinars/)

Provider: NHS Leadership Academy

Programme title: Mentoring offer

Audience: Available to all chairs

Description:

Experienced former NHS chairs and CEOs who offer mentoring services to current NHS Chairs and CEOs.

Link: Please contact karen.robinson23@nhs.net (mailto:karen.robinson23@nhs.net)

Provider: Disabled NHS Directors Network

Programme title: Disabled NHS Directors Network

Audience: Available to all board roles including Chairs

Description:

- Designed for executives and non-executives providing mentoring and coaching support to strengthen collective impact and voice of disabled leader's network.
- Toolkit commissioned for recruitment and retention of disabled NEDs for Boards.

Link: [Disabled NHS Directors Network \(https://disablednhsdirectorsnetwork.nhs.uk/\)](https://disablednhsdirectorsnetwork.nhs.uk/)

Provider: Seacole Group

Programme title: Network for BAME NEDs and Chairs

Audience: Available to all BAME NEDs and chairs in the NHS

Description:

- Designed for aspiring/existing NEDs from Black, Asian, and other minority ethnic backgrounds.
- Associate membership is open to Non-Executive Directors from other backgrounds who are interested in learning about and supporting the objectives of the group

Link: [Seacole Group | National Network for Black, Asian and Other ethnic NEDS and Chairs in the NHS \(https://www.seacolegroup.com/\)](https://www.seacolegroup.com/)

Offers for new directors of finance

Provider: One Finance (Future Focussed Finance)

Programme title: First Time Chief Finance Officers

Audience: Chief Finance Officer

Description:

- For first time CFOs in post
- Designed to support and provide new leaders in first year in post with the knowledge and skills required to become high-performing directors

Link: [First time in post CFO programme \(https://onenhsfinance.nhs.uk/new-in-post-fd-cfo/\)](https://onenhsfinance.nhs.uk/new-in-post-fd-cfo/)

Offers for aspiring directors (from NHS England only)

Provider: NHS Leadership Academy

Programme title: Aspiring Director

Audience: Aspiring Director

Description:

- Nye Bevan programme for aspiring leaders who demonstrate readiness for the next steps.
- Open to Aspiring Board members from all clinical and non-clinical roles.
- Register interest via the link.

Link: [Nye Bevan Programme \(https://www.leadershipacademy.nhs.uk/programmes/nye-bevan-programme/\)](https://www.leadershipacademy.nhs.uk/programmes/nye-bevan-programme/)

Provider: NHS Leadership Academy
Programme title: Aspiring Executive Director
Audience: Aspiring Executive Director
Description:

Programme for those demonstrating high potential and interest in executive director on NHS trust Board within the next 12–24 months.

Link: [Executive Director Pathway \(https://www.leadershipacademy.nhs.uk/executive-director-pathway-2/\)](https://www.leadershipacademy.nhs.uk/executive-director-pathway-2/)

Offers for non-executive directors

Provider: NHS People and Culture Board level Development and Careers
Programme title: NEXt Director programme
Audience: Aspiring Non-Executive Director
Description:

- 6-12 month programme giving insight into the role and responsibilities, bridge knowledge gaps, supporting better performance at future NED interviews.
- Scheme provides support to under-represented on trust boards with the skills and expertise to take the step into the NHS board room.

Link: [NEXt Programme \(https://www.england.nhs.uk/non-executive-opportunities/improving-non-executive-diversity/next-director-scheme-supporting-tomorrows-non-executives/\)](https://www.england.nhs.uk/non-executive-opportunities/improving-non-executive-diversity/next-director-scheme-supporting-tomorrows-non-executives/)

Provider: NHS Providers in partnership with NHS England
Programme title: Board Development Programme – Non-Executive Director Induction
Audience: Non-Executive Directors
Description:

- Face-to-face and virtual options.
- Essential one-day induction programme specifically for new NEDs of NHS trusts and foundation trusts.
- Developed to provide deeper understanding of board roles.

Link: [Board development course dates – NHS Providers \(https://nhsproviders.org/development-offer/board-development/board-development-course-dates\)](https://nhsproviders.org/development-offer/board-development/board-development-course-dates)

Provider: NHS Providers
Programme title: Network for NEDs in NHS trusts and foundation trusts
Audience: Non-Executive Directors
Description:

- National networking events for NHS board members which meet several times a year.
- Specifically designed to help members get the information, guidance and inspiration they need.

Link: [Member networks – NHS Providers \(https://nhsproviders.org/networks\)](https://nhsproviders.org/networks)

Provider: NHS Confederation

Programme title: Non-Executive Leaders networks

Audience: Non-Executive Directors

Description:

A range of networks for non-executive leaders from across different health sectors including Mental Health Chairs, Independent ICS Chairs and Community Chairs.

Link: [Non-Executive Leaders Network | NHS Confederation \(https://www.nhsconfed.org/leadership-support/non-executive-leaders\)](https://www.nhsconfed.org/leadership-support/non-executive-leaders). To join the network or find out more contact [fiona.claridge@nhsconfed.org \(mailto:fiona.claridge@nhsconfed.org\)](mailto:fiona.claridge@nhsconfed.org)

Provider: NHS Leadership Academy

Programme title: Senior Leader Onboarding for Non-executive Directors

Audience: Non-Executive Directors

Description:

A range of resources for new and existing non-executive directors including:

- NED competencies and appraisal, values and behaviours support and further reading.
- Induction, development framework, governance and support offers.
- Designed as a support resource for newly appointed board members in the first year of the role.

Link:

- [New NED and chair competencies and appraisals – NHS Senior Leadership Onboarding and Support \(https://senioronboarding.leadershipacademy.nhs.uk/new-ned-and-chair-competencies-and-appraisals/\)](https://senioronboarding.leadershipacademy.nhs.uk/new-ned-and-chair-competencies-and-appraisals/)
 - [Non-executive opportunities in the NHS » Support for current chairs and non-executives \(https://www.england.nhs.uk/non-executive-opportunities/chair-non-executives-support/\)](https://www.england.nhs.uk/non-executive-opportunities/chair-non-executives-support/)
 - [New Chairs and Non Executive Directors – NHS Senior Leadership Onboarding and Support \(https://senioronboarding.leadershipacademy.nhs.uk/new-chairs-and-non-executive-directors/\)](https://senioronboarding.leadershipacademy.nhs.uk/new-chairs-and-non-executive-directors/)
-

Provider: Seacole Group

Programme title: Network for BAME NEDs and Chairs

Audience: Available to all BAME NEDs and Chairs in the NHS health system

Description:

- Designed for aspiring/existing NEDs from Black, Asian and other minority ethnic backgrounds.
- Associate membership is open to non-executive directors from other backgrounds who are interested in learning about and supporting the objectives of the group.

Link: [Seacole Group | National Network for Black, Asian and Other ethnic NEDS and Chairs in the NHS \(https://www.seacolegroup.com/\)](https://www.seacolegroup.com/)

Programmes and networks from other organisations

Also considered were offers from the following – either organisations aligned to healthcare, or offering executive education and support with connections to the public sector which are offered at no cost

Provider: The King's Fund

Programme title: Strategic Clinical Leaders

Audience: Board level Clinical Leaders

Description:

- Designed for senior clinical and professional leaders (medical director, chief nursing officer, or similar level).
- Learning includes expert insight/challenge, reflection, critical knowledge, problem solving. Waiting list and taking bookings into 2025.

Link: [SCL: Strategic Clinical Leaders | The King's Fund \(https://www.kingsfund.org.uk/courses/strategic-clinical-leaders\)](https://www.kingsfund.org.uk/courses/strategic-clinical-leaders)

Provider: The King's Fund

Programme title: Building Collaborative Leadership across health and care organisations

Audience: Senior leaders working in systems

Description:

- A programme enabling senior leaders to collaborate the newly integrated health and care landscape.
- Designed to give participants the opportunity to consider how to best lead ICSs.

Link: [Building collaborative leadership across health and care organisations | The King's Fund \(https://www.kingsfund.org.uk/courses/building-collaborative-leadership\)](https://www.kingsfund.org.uk/courses/building-collaborative-leadership)

Provider: The King's Fund

Programme title: Release Your Potential: A Programme for New Leaders*

Audience: Those new to leadership. (May be useful for senior managers who aspire to board but have not undertaken leadership development specifically)

Description:

- For aspiring leaders across health, social care, voluntary, third sector and public health.

*Included as many senior managers tell us they have never undertaken formal leadership development.

Link: [Release your potential | The King's Fund \(https://www.kingsfund.org.uk/courses/release-your-potential-programme-new-leaders\)](https://www.kingsfund.org.uk/courses/release-your-potential-programme-new-leaders)

Provider: The King's Fund

Programme title: Clinical Directors and Lead Clinicians

Audience: Existing clinical directors, lead clinicians, and those stepping into roles or considering them

Description:

Addresses the knowledge, skills and behaviours you need to lead both operationally and strategically as a clinical director or lead clinician.

Link: [Clinical directors and lead clinicians | The King's Fund \(https://www.kingsfund.org.uk/courses/clinical-directors-lead-clinicians\)](https://www.kingsfund.org.uk/courses/clinical-directors-lead-clinicians)

Provider: The King's Fund

Programme title: Top Manager Programme

Audience: Senior people in health and social care, public, private and third sector for existing directors

Description:

Focus is on connecting with and creating shared purpose and developing the political and emotional intelligence needed when leading in senior roles in an increasingly demanding environment

Link: [Top manager programme | The King's Fund \(https://www.kingsfund.org.uk/courses/top-manager-programme\)](https://www.kingsfund.org.uk/courses/top-manager-programme)

Provider: The King's Fund

Programme title: The Circles Programme: Leadership Development for Women

Audience: Women leaders of all levels

Description:

- Designed irrespective of role or experience to respond to leadership challenges facing women.
- Open to under-represented diverse groups.

Link: [The Circles programme: leadership development for women | The King's Fund \(https://www.kingsfund.org.uk/courses/circles-programme-leadership-development-women\)](https://www.kingsfund.org.uk/courses/circles-programme-leadership-development-women)

Provider: The King's Fund

Programme title: The Circles Programme: Leadership Development for Women, Online Speakers Series

Audience: Women leaders of all levels

Description:

Online speaker series 2023-2024 for all women regardless of seniority or experience.

Link: [Circles | The King's Fund \(kingsfund.org.uk\) \(https://www.kingsfund.org.uk/events/circles-speaker-series-2023\)](https://www.kingsfund.org.uk/events/circles-speaker-series-2023) Speaker sessions are in addition to the above programme

Provider: Social Care Institute for Excellence

Title: Health and social care integration webinar

Audience: CEOs and Chairs

Description:

Series of webinars looking at ICS development, sharing good practice and learning.

Link: [Webinars on integration with NHS England \(https://www.scie.org.uk/integrated-care/delivering/nhs-england-webinars\)](https://www.scie.org.uk/integrated-care/delivering/nhs-england-webinars)

Provider: The Civil Service College
Title: CEO and Deputy CEO programme
Audience: CEOs and Deputies
Description:

Short courses and programmes to develop skills, knowledge and networks for chief executive officers, deputy-CEOs and their equivalents in public service.

Link: [CEO and deputy CEO-level development \(https://www.gov.uk/guidance/ceo-and-deputy-ceo-level-development\)](https://www.gov.uk/guidance/ceo-and-deputy-ceo-level-development)

Provider: The Local Government Association
Title: The IGNITE programme
Audience: New and existing CEOs
Description:

- The programme is supported by the LGA and delivered in partnership with Collaborate CIC.
- Aim is to build stronger relationships with peers that can support deeper collaboration across local government and in systems.

Link: [IGNITE – a Solace leadership programme for chief executives | Local Government Association \(https://www.local.gov.uk/our-support/leadership-workforce-and-communications/officer-development/ignite-solace-leadership\)](https://www.local.gov.uk/our-support/leadership-workforce-and-communications/officer-development/ignite-solace-leadership)

Provider: Healthcare Financial Management Association
Title: Healthcare Financial Management
Audience: Existing board level leaders
Description:

- Offers to support financial skills for non-executive directors.
- Healthcare Financial Management Association provides an assortment of resources and learning.
- Support for roles working in NHS finance at Board level.

Link: [Healthcare Financial Management Association \(https://www.hfma.org.uk/\)](https://www.hfma.org.uk/)

Provider: The Leadership Centre
Title: The Future Vision programme
Audience: Existing board level leaders
Description:

- Delivered in collaboration with the Leadership Centre and the Birmingham Leadership Institute.
- This programme offers development for senior leaders who recognise that what they already know and how they already lead is not sufficient to meet the nature of the challenges they are facing.

Link: [Future Vision | Leadership \(https://www.leadershipcentre.org.uk/ourwork/future-vision/\)](https://www.leadershipcentre.org.uk/ourwork/future-vision/)

Date published: 1 August, 2023

Date last updated: 2 August, 2023

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Appendix: Organ Donation Annual Report 22/23

1. Introduction

- 1.1. Recognition of a patient's wishes regarding organ donation and discussion with nominated representatives was highlighted as part of End-of-Life Care Pathways in the Department of Health End of Life Care Strategy, published in 2008.
- 1.2. The ESHT organ donation committee oversees policy, education, and publicity to educate and support organ donation within ESHT and East Sussex.

2. Background

- 2.1. On the 31st March 2023 there were 6959 people on the active transplant list in the UK. Over the last year 441 patients in the UK have died whilst waiting for a transplant; 23 across the South East Coast.
- 2.2. In 2008 the Organ Donation Taskforce published 'Organs for Transplants' which set recommendations with the target of increasing deceased donor rates. By 2013 donation rates had increased by 50% with a 30.5% increase in transplants.
- 2.3. In 2013 The 'Taking Organ Transplantation to 2020 UK Strategy' was published. This built on the changes initiated in 2008. The aim of the strategy was to 'pursue consistently excellent practice in the care of every potential donor and maximise the use of every available organ'.
- 2.4. In England following public consultation, the Organ Donation (Deemed Consent) Bill received Royal Assent on the 15th March 2019 and was passed into law on the 20th May 2020. This means that all competent adults who are freely resident in England for >1 year are now considered as potential donors unless they specifically chose to opt out or are excluded. Under the law donation will still be discussed with families to ensure that the most up to date individual wishes are known and respected. People are still able to register their decision – either to donate their organs or to decline donation, via the NHS organ donor register. On the 31st March 2022, 27 751 289 people had registered their decision to opt-in to organ donation across the UK.
- 2.5. Organ Donation and Transplantation 2030: Meeting the Need is a 10-year vision for organ donation and transplantation rolled out by NHSBT since 2020 which takes in to account the introduction of 'opt-out' legislation and the impact of the COVID-19 pandemic.

3. Main content

3.1. NHS Blood & Transplant Report 1st April 2022 to 31st March 2023:

Summary:

Figure 2.1 Key rates on the potential for organ donation including UK comparison, 1 April 2022 - 31 March 2023

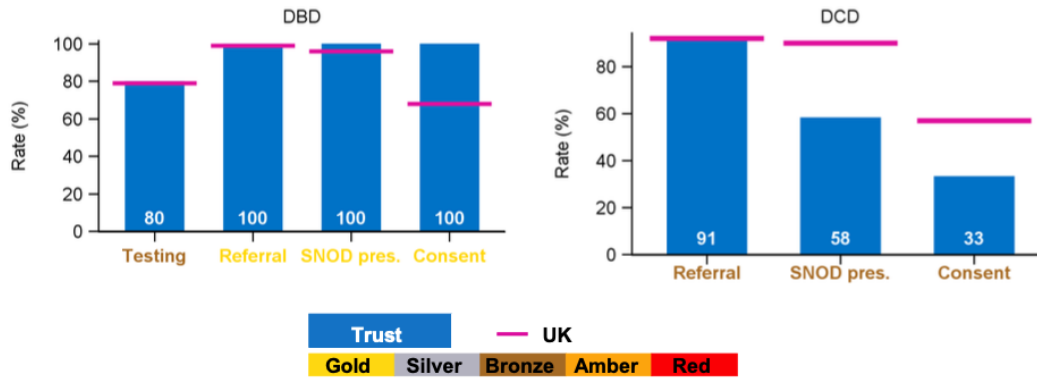


Figure 2.2 Trends in key rates on the potential for organ donation, 1 April 2018 - 31 March 2023

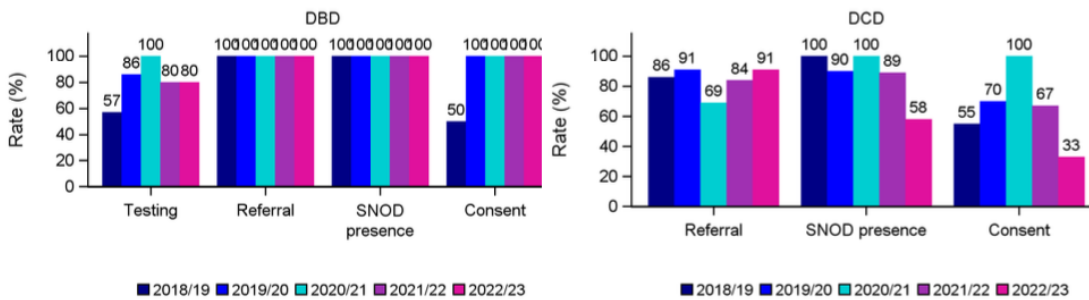


Table 2.1 Key numbers, rates and comparison with national rates, 1 April 2022 - 31 March 2023

	DBD		DCD		Deceased donors	
	Trust	UK	Trust	UK	Trust	UK
Patients meeting organ donation referral criteria ¹	5	1980	35	5307	38	6910
Referred to Organ Donation Service	5	1965	32	4886	35	6482
Referral rate %	G 100%	99%	B 91%	92%	B 92%	94%
Neurological death tested	4	1556				
Testing rate %	B 80%	79%				
Eligible donors ²	3	1439	21	3467	24	4906
Family approached	3	1244	12	1691	15	2935
Family approached and SNOD present	3	1190	7	1526	10	2716
% of approaches where SNOD present	G 100%	96%	B 58%	90%	B 67%	93%
Consent ascertained	3	846	4	959	7	1805
Consent rate %	G 100%	68%	B 33%	57%	B 47%	61%
- Expressed opt in	3	476	2	578	5	1054
- Expressed opt in %	100%	95%	50%	84%	71%	89%
- Deemed Consent	0	284	2	306	2	590
- Deemed Consent %	N/A	63%	40%	52%	40%	57%
- Other*	0	86	0	74	0	160
- Other* %	N/A	60%	N/A	38%	N/A	47%
Actual donors (PDA data)	3	783	3	636	6	1419
% of consented donors that became actual donors	100%	93%	75%	66%	86%	79%

¹ DBD - A patient with suspected neurological death
DCD - A patient in whom imminent death is anticipated, ie a patient receiving assisted ventilation, a clinical decision to withdraw treatment has been made and death is anticipated within 4 hours

² DBD - Death confirmed by neurological tests and no absolute contraindications to solid organ donation
DCD - Imminent death anticipated and treatment withdrawn with no absolute contraindications to solid organ donation

* Includes patients where nation specific deemed criteria are not met and the patient has not expressed a donation decision in accordance with relevant legislation

Note that a patient that meets both the referral criteria for DBD and DCD organ donation is featured in both the DBD and DCD data but will only be counted once in the deceased donors total

Gold Silver Bronze Amber Red

3.2. Referrals & Missed Opportunities:

3.2.1. Referrals:

Goal: Every patient who meets the referral criteria should be identified and referred to the Organ Donation Service, as per NICE CG135 and NHS Blood and Transplant (NHSBT) Best Practice Guidance on timely identification and referral of potential organ donors.

Of 5 potential Donation after Brainstem Death (DBD) donors, all patients were referred to the Specialist Nurse for Organ Donation (SN-OD). Of these patients only 4 patients underwent neurological death tests with 1 patient not tested due advice from the specialist nurse. Of 35 potential Donation after Circulatory Death (DCD) donors, 32 patients were referred to the SN-OD and 12 families were approached regarding donation.

Figure 3.2 Number of patients meeting referral criteria, 1 April 2018 - 31 March 2023

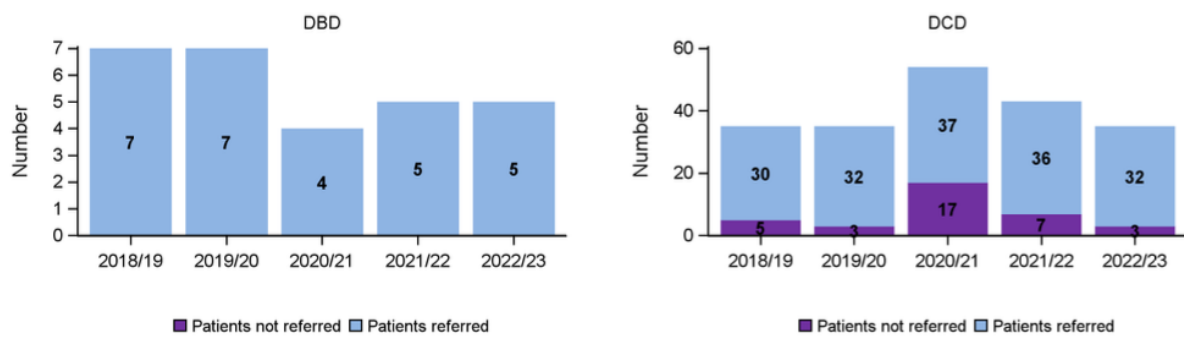
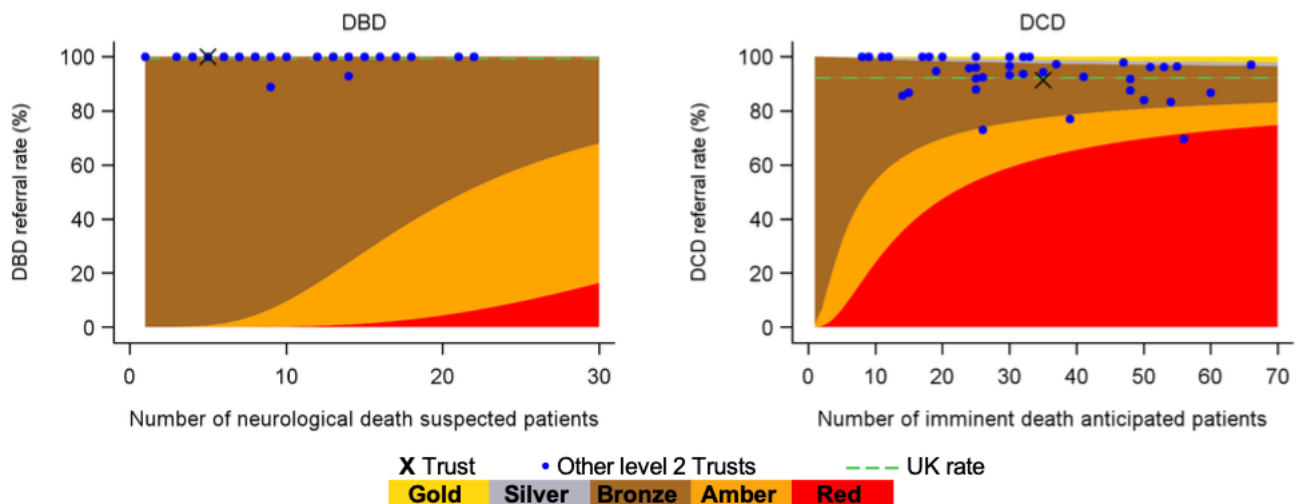


Figure 7.1 Funnel plots of referral rates, 1 April 2022 - 31 March 2023



ESHT has been rated as excellent for potential DBD donors and average for referrals for potential DCD donors. Of the patients not referred, 1 had medical contraindications and 2 were not considered. The clinical lead and specialist nurse continue to provide training for ICU staff to raise awareness of organ donation with the aim of achieving 100% referrals.

3.2.2. Neurological Testing:

Goal: Neurological death tests are performed wherever possible.

Of 5 potential patients with suspected neurological death and potential for Donation after Brainstem Death, 4 patients underwent neurological testing and one did not undergo testing following advice from the specialist nurse that they were not suitable.

Figure 3.1 Number of patients with suspected neurological death, 1 April 2018 - 31 March 2023

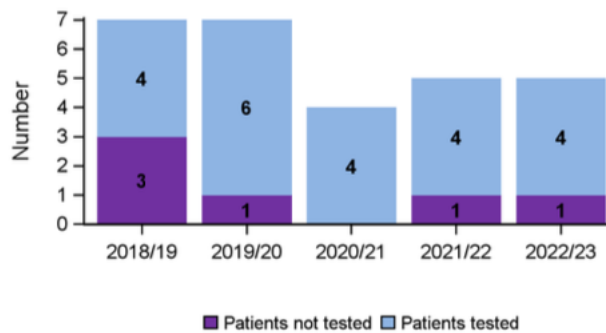
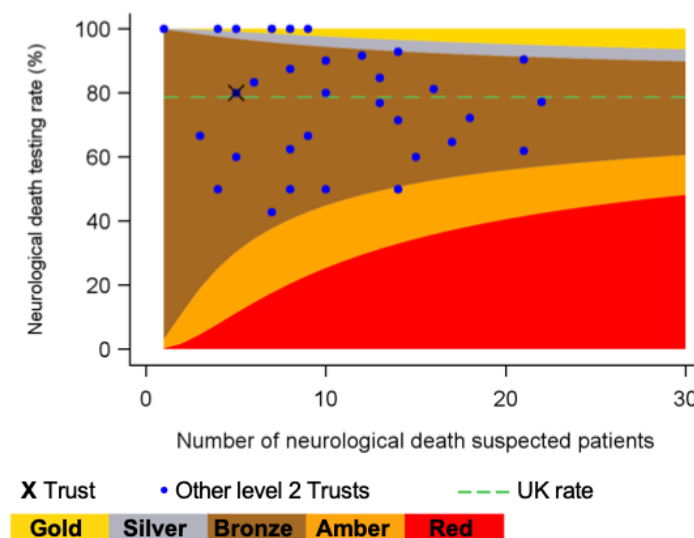


Figure 4.1 Funnel plot of neurological death testing rate, 1 April 2022 - 31 March 2023



3.2.3. Specialist Nurse For Organ Donation presence:

Goal: A SNOD should be present during the formal family approach as per NICE CG135 and NHSBT Best Practice Guidance.

During this report period, there were 5 families approached to discuss organ donation without a specialist nurse present. Best practice is that a specialist nurse should be present to answer any questions from the family. While ESHT remains within bronze (average) performance, it represents a significant drop in performance when compared with previous performance at ESHT and with other trusts of a similar size. The reasons for this drop in performance have been explored with the Critical Care teams and identified themes include late referrals from the ICU to the specialist nurses and reduced staffing levels within NHS blood & transplant that increases the specialist nurse workload and therefore increases mobilisation times. Several interventions are currently being trialled to attempt to improve specialist nurse presence, including a daily phone call to the nurse in charge of ICU and regular discussion of organ donation at ICU M&M meetings and the effectiveness of these interventions will be assessed over the next financial year.

Figure 3.3 Number of families approached by SNOD presence, 1 April 2018 - 31 March 2023

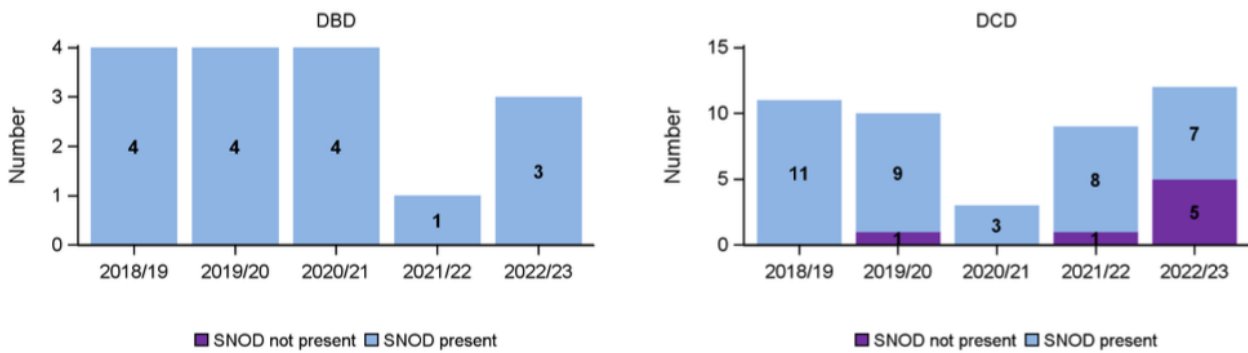


Figure 4.3 Funnel plot of SNOD presence rate, 1 April 2022 - 31 March 2023

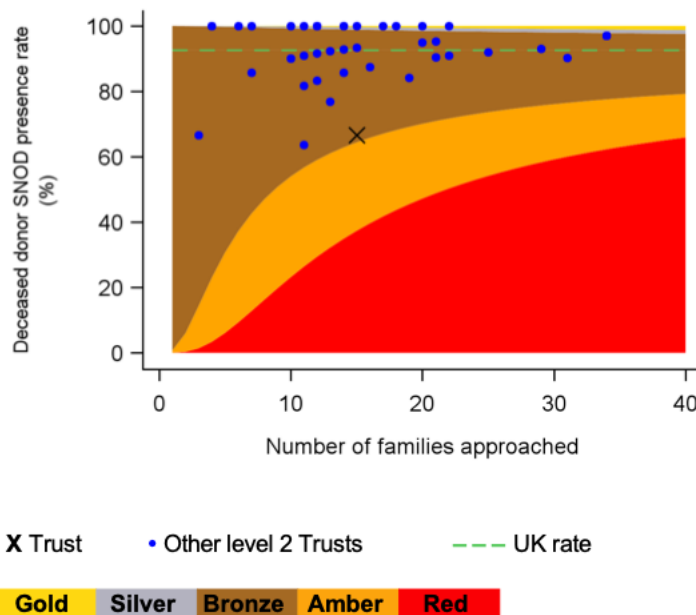
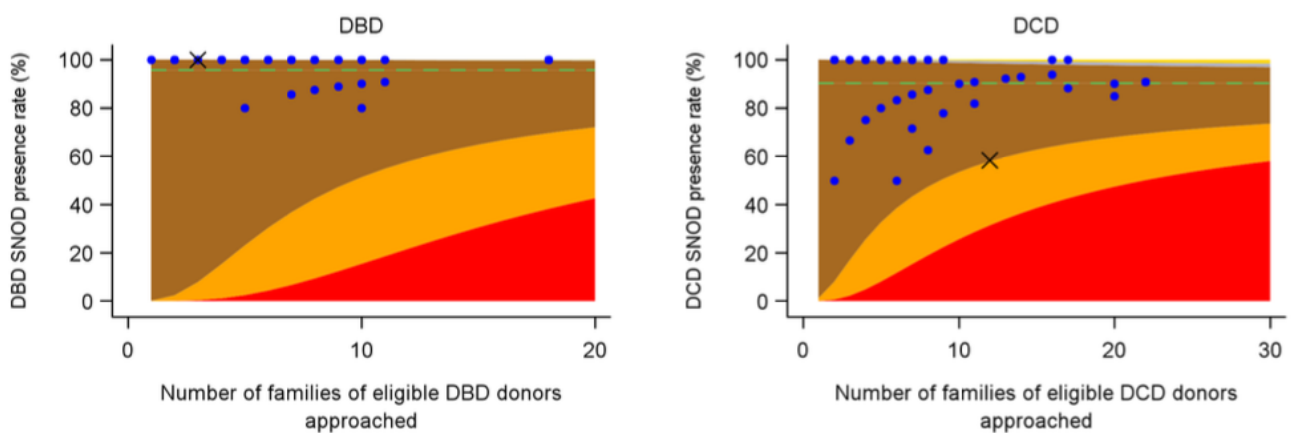


Figure 7.2 Funnel plots of SNOD presence rates, 1 April 2022 - 31 March 2023



3.2.4.Consent:

The consent rate of families approached to consider Donation after Circulatory death at ESHT this year was below the national average at just 33%. While the number of families approached is low and therefore any change in percentage should be interpreted with caution, this drop would be consistent with findings from national research on consent rates when families are approached by ICU specialists alone compared to an MDT approach that includes a specialist nurse from the organ donation team. It is hoped that this rate will be influenced by any action taken to improve specialist nurse presence and by local social media awareness campaigns that have been undertaken on the organ donation committee’s behalf by the trust communications team.

Figure 3.4 Number of families approached, 1 April 2018 - 31 March 2023

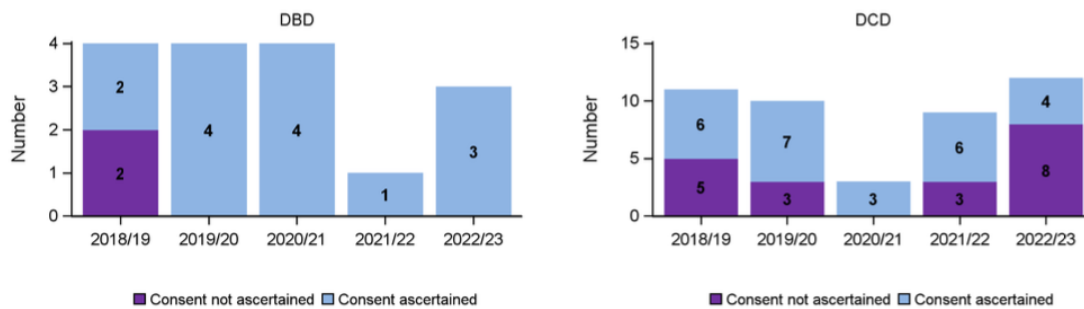


Figure 4.4 Funnel plot of consent rate, 1 April 2022 - 31 March 2023

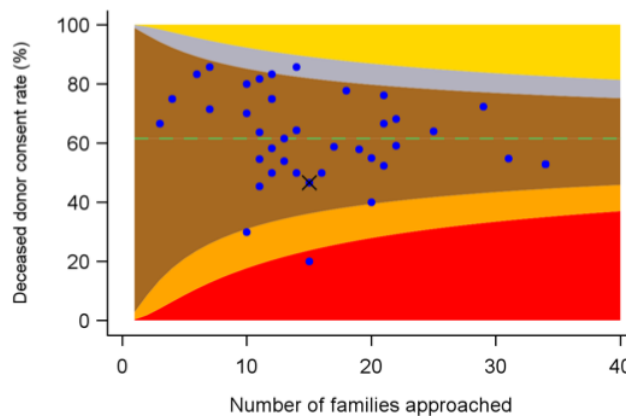
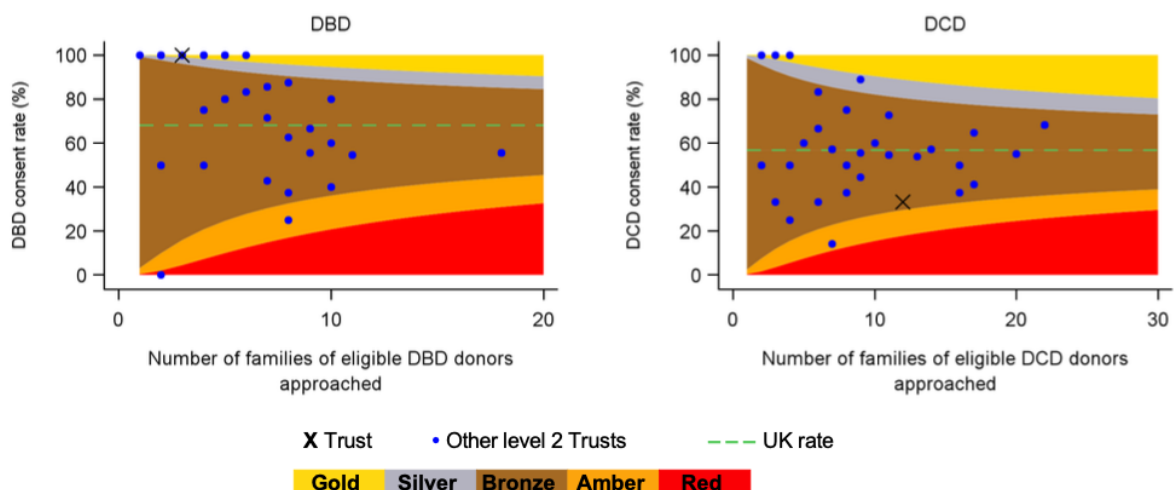


Figure 7.3 Funnel plots of consent rates, 1 April 2022 - 31 March 2023



3.2.5. Emergency Department:

Goal: No one dies in ED meeting referral criteria and is not referred to NHSBT's Organ Donation Service.

In 2021-22 there was 1 patient identified as a potential patient from A&E across ESHT but not referred. There is a new ED nurse representative on the organ donation committee and going forwards, training with the ED teams is planned.

3.3. Training:

The organ donation team (SNOD & CLOD) continue to undertake teaching sessions for Anaesthetic & ICU trainees & consultants, ICU nursing teams as well as Foundation Year 1 & 2 Doctors. Since January 2023, ICU has been holding a monthly teaching and M&M meeting and this has been an opportunity for regular updates on the outcome from proceeding donations. The aim of these updates is to raise awareness of the impact of actions taken within ESHT critical care on patients on transplant waiting lists at other trusts.

In the new financial year, it is hoped to expand out training to include A&E teams on both sites. The Clinical Lead for Organ Donation has also been in contact with the Palliative Care team to look at greater discussion on tissue donation within trust wide end of life training. While donation of organs is only appropriate for a select group of patients, dying within A&E or critical care, tissue donation can be considered in many patients up to 24-48hrs after death. There is currently a national shortage of corneal tissue and therefore raising awareness of tissue donation and the impact that it can have on patients (restoration of sight in the case of corneal transplant) is crucial.

3.4. Finances:

Funding received by the organ donation committee, while not charitable funds, is allocated to the trust with the intended benefit of raising awareness of organ donation and improving the environment and support provided to family members at an extremely difficult time. Historically it has helped fund a "tea trolley" for use in theatres to provide refreshments to relatives while they remain with their loved ones.

In the last financial year, the organ donation committee agreed to fund the installation of a memorial bench by the lake at Conquest Hospital with the intention that this would provide families and staff with a quiet space for reflection. The committee was kindly gifted a wooden bench by the work colleagues of our lay member, and this was installed along with a commemorative plaque and 2 Himalayan Cherry trees which have been planted either side of the bench, all funded by donor recognition funds.

Funding is currently allocated to trusts based on the number of proceeding donors and is ordinarily sent to trusts at the end of the first financial quarter. Without remaining funds rolled over from previous years it means that the organ donation budget either runs in a deficit for up to 4 months or the committee has to decline requests for funding in this time. Additionally, it remains challenging to plan larger scale projects using donor recognition funding such as the request from Eastbourne ICU to help renovate the relatives' room which has, currently, insufficient comfortable seating for relatives who may be spending prolonged periods on ICU during their relatives' final days. The committee asks that the trust board reconsider the decision not to roll over funds at the end of the financial year.

3.5. Publicity:

Over the last year we have had excellent collaboration between the organ donation committee, especially our lay member, and the hospital communications team. The team have been working on a media strategy to increase awareness on issues surrounding organ donation, especially during national campaigns such as organ donation week and more local events such as Eastbourne Airbourne.

To mark the end of organ donation week in September 2022, the organ donation committee arranged a non-denominational service of remembrance which was held at the remembrance bench with the families of local donors invited to attend. It is hoped that this will become a regular event to mark the end of National Organ Donation week each year. It is also intended that a suitable site could be identified at Eastbourne, once building works have been completed, so that families local to Eastbourne have a place to remember and reflect on their loved ones.

4. Conclusions & Recommendations

- 4.1. ESHT has been categorised as a level 2 trust by NHS Blood & Transplant (NHSBT). This is based on the average number of donors proceeding each year and remains unchanged from the previous years.
- 4.2. While improvements in referral rates for patients suitable for donation after circulatory death have improved, rates of specialist nurse presence and consent have dropped considerably. The organ donation committee has reviewed this performance and several interventions have been instigated. The outcome of these interventions will be reviewed in the next financial year.
- 4.3. Funding for larger scale projects remains challenging and the committee requests that the trust position around role over of funds from previous financial years is reviewed.

5. References

- 5.1. End of life care strategy (2008) Department of Health
- 5.2. Organs for Transplant – a report from the Organ Donation Taskforce (2008) Department of Health.
- 5.3. Taking Organ Transplantation to 2020. A UK strategy (2013) NHS Blood & Transplant & Department of Health.
- 5.4. Organ Donation and Transplantation 2030: Meeting the Need. A 10-year vision for organ donation and transplantation in the UK.
- 5.5. NICE Clinical Guidelines CG135, 2011
- 5.6. www.nhsbt.nhs.uk

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NHS leadership competency framework for board members

[Publication](#) ([/publication](#))

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1. Introduction

1.1 Context

Leaders in the NHS help deliver better health and care for patients by setting the tone for their organisation, team culture and performance.

We have worked with a wide range of leaders from across the NHS to help describe what we do when we operate at our best. We have engaged with stakeholders including NHS Providers, NHS Employers and NHS Confederation, and built in best practice from other industries. We have used the feedback to design the 6 competency domains in the Leadership Competency Framework (the framework) to support board members to perform at their best.

The competency domains reflect the [NHS values \(https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england#nhs-values\)](https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england#nhs-values) and the following diagram shows how they are aligned:

Working together for patients*	Compassion
Building a trusted relationship with partners and communities	Creating a compassionate, just and positive culture
Respect and dignity	Improving lives

Promoting equality and inclusion and reducing health and workforce inequalities	Setting strategy and delivering long term transformation Driving high quality sustainable outcomes
Commitment to quality of care	Everyone counts
Driving high quality and sustainable outcomes Setting strategy and delivering long term transformation	Promoting equality and inclusion and reducing health and workforce inequalities Creating a compassionate, just and positive culture
Providing robust governance and assurance	

*Wherever the word “patient” is used in this document, this refers to patients, service users and carers.

The competency domains are aligned to [Our NHS People Promise](https://www.england.nhs.uk/ournhspeople/online-version/lfaop/our-nhs-people-promise/) (<https://www.england.nhs.uk/ournhspeople/online-version/lfaop/our-nhs-people-promise/>), [Our Leadership Way](https://www.leadershipacademy.nhs.uk/organisational-resources/our-leadership-way/) (<https://www.leadershipacademy.nhs.uk/organisational-resources/our-leadership-way/>) and the [Seven Principles of Public Life](https://www.gov.uk/government/publications/the-7-principles-of-public-life/the-7-principles-of-public-life--2) (<https://www.gov.uk/government/publications/the-7-principles-of-public-life/the-7-principles-of-public-life--2>). (Nolan Principles). A high-level summary of the values and concepts from these documents is in Appendix 1.



(<https://www.england.nhs.uk/wp-content/uploads/2024/02/leadership-competency-framework.png>)

1.2 Background

In 2019, the Tom Kark KC review of the fit and proper person test was published. This included a recommendation for ‘the design of a set of specific core elements of competence, which all directors should be able to meet and against which they can be assessed’. This framework responds to that recommendation and forms part of the [NHS England Fit and Proper Person Test Framework \(https://www.england.nhs.uk/publication/nhs-england-fit-and-proper-person-test-framework-for-board-members/\)](https://www.england.nhs.uk/publication/nhs-england-fit-and-proper-person-test-framework-for-board-members/) for board members (FPPT).

The framework takes account of other NHS England frameworks and strategies including:

- [NHS England Operating Framework \(https://www.england.nhs.uk/publication/operating-framework/\)](https://www.england.nhs.uk/publication/operating-framework/)
- [NHS National Patient Safety Strategy \(https://www.england.nhs.uk/patient-safety/the-nhs-patient-safety-strategy/\)](https://www.england.nhs.uk/patient-safety/the-nhs-patient-safety-strategy/)
- [NHS Long Term Workforce Plan \(https://www.england.nhs.uk/publication/nhs-long-term-workforce-plan/\)](https://www.england.nhs.uk/publication/nhs-long-term-workforce-plan/)
- [NHS Equality, Diversity and Inclusion Improvement Plan \(https://www.england.nhs.uk/long-read/nhs-equality-diversity-and-inclusion-improvement-plan/#high-impact-action-1\)](https://www.england.nhs.uk/long-read/nhs-equality-diversity-and-inclusion-improvement-plan/#high-impact-action-1)
- [National Quality Board Shared Commitment to Quality \(https://www.england.nhs.uk/publication/national-quality-board-shared-commitment-to-quality/\)](https://www.england.nhs.uk/publication/national-quality-board-shared-commitment-to-quality/)
- [NHS Well Led Framework \(https://www.england.nhs.uk/well-led-framework/\)](https://www.england.nhs.uk/well-led-framework/)
- The statutory framework of the [Health and Care Act 2022 \(https://www.legislation.gov.uk/ukpga/2022/31/contents/enacted\)](https://www.legislation.gov.uk/ukpga/2022/31/contents/enacted)

1.3 Purpose

Being an NHS board member means holding an extremely demanding yet rewarding leadership responsibility. NHS board members have both an individual and collective role in shaping the vision, strategy and culture of a system or organisation, and supporting high-quality, personalised and equitable care for all now and into the future.

This framework is for chairs, chief executives and all board members in NHS systems and providers, as well as serving as a guide for aspiring leaders of the future. It is designed to:

- support the appointment of diverse, skilled and proficient leaders
- support the delivery of high-quality, equitable care and the best outcomes for patients, service users, communities and our workforce
- help organisations to develop and appraise all board members
- support individual board members to self-assess against the six competency domains and identify development needs.

People taking on first-time director roles, in particular, are unlikely to be able to demonstrate all the competency examples. However, this framework should provide a guide by which, over time, directors can measure themselves and develop proficiency in all areas. Where development areas are identified, commitment to working on these will be important.

As non-executive directors have different roles and responsibilities to those of executive directors, and there are differences between executive director roles, the framework supports the assessment of board members in their role as part of a unitary board. All six competency domains should be considered for all board members, taking account of any specific role related responsibilities and nuances.

Achievement against the competency domains supports the Fit and Proper Person assessment for individual board members.

2 The six leadership competency domains

2.1 Driving high-quality and sustainable outcomes

The skills, knowledge and behaviours needed to deliver and bring about high quality and safe care and lasting change and improvement – from ensuring all staff are trained and well led, to fostering improvement and innovation which leads to better health and care outcomes.

2.2 Setting strategy and delivering long-term transformation

The skills that need to be employed in strategy development and planning, and ensuring a system wide view, along with using intelligence from quality, performance, finance and workforce measures to feed into strategy development.

2.3 Promoting equality and inclusion, and reducing health and workforce inequalities

The importance of continually reviewing plans and strategies to ensure their delivery leads to improved services and outcomes for all communities, narrows health and workforce inequalities, and promotes inclusion.

2.4 Providing robust governance and assurance

The system of leadership accountability and the behaviours, values and standards that underpin our work as leaders. This domain also covers the principles of evaluation, the significance of evidence and assurance in decision making and ensuring patient safety, and the vital importance of collaboration on the board to drive delivery and improvement.

2.5 Creating a compassionate, just and positive culture

The skills and behaviours needed to develop great team and organisation cultures. This includes ensuring all staff and service users are listened to and heard, being respectful and challenging inappropriate behaviours.

2.6 Building a trusted relationship with partners and communities

The need to collaborate, consult and co-produce with colleagues in neighbouring teams, providers and systems, people using services, our communities, and our workforce. Strengthening relationships and developing collaborative behaviours are key to the integrated care environment.

3 Using the framework

3.1 Recruitment

The competency domains should be incorporated into all NHS board member* job/role descriptions and recruitment processes. They can be used to help evaluate applications and design questions to explore skills and behaviours in interviews, presentations and other aspects of the recruitment and assessment process.

* 'Board member' refers to all board members – executive and non-executive.

3.2 Appraisal

The competency domains in section 5 should form a core part of board member appraisals and the ongoing development of individuals and the board as a whole. The framework should be applied as follows – a new Board Member Appraisal Framework incorporating the competencies will be published to support this:

Chairs should:

- Carry out individual appraisals for the chief executive and non-executive directors, based on the framework and other objectives
- Assure themselves that individual board members can demonstrate broad competence across all 6 domains and that they have the requisite skills, knowledge and behaviours to undertake their roles
- Assure themselves there is strong, in-depth evidence of achievement against the competency domains collectively across the board, and ensure that appropriate development takes place where this is not the case
- Ensure the findings feed into the personal development plans of non-executive directors
- As and when required, include relevant information in the Board Member Reference (<https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.england.nhs.uk%2Fwp-content%2Fuploads%2F2023%2F08%2FPRN00238-ii-appendix-2-the-board-member-reference-template.docx&wdOrigin=BROWSELINK>) when a board member leaves

Chief executives should:

- Carry out individual appraisals for the executive directors based on the framework and other objectives
- Ensure the findings feed into the personal development plans of the executive directors

The senior independent director (or deputy chair) should:

- Carry out the appraisal for the chair based on the framework and other objectives
- Ensure the findings feed into the personal development plan of the chair

Board members should:

- Self-assess against the six competency domains as preparation for annual appraisal
- Identify and plan development activity as part of ongoing continuous professional development (CPD), taking into account any professional standards that are also applicable for specific board member roles
- Review the self-assessment with their line manager and obtain feedback

All board members will have more detailed individual, team and organisational objectives. The 6 domains identify competency areas and provide examples of leadership practice and behaviours which will support delivery against objectives.

3.3 Development

Even the most talented and experienced individuals are unlikely to be able to demonstrate how they meet all the competencies in this framework all of the time. However, it should provide a means by which, over time, individuals can measure themselves and develop proficiency in all areas.

The competency domains will be built into national leadership programmes and support offers for board directors and aspiring board directors. All board members should actively engage in ongoing development to enable continued and greater achievement across the competency domains over time, and should be supported to do so.

Board members should refer to the [directory of board level learning and development opportunities](https://www.england.nhs.uk/long-read/directory-of-board-level-learning-and-development-opportunities/) (<https://www.england.nhs.uk/long-read/directory-of-board-level-learning-and-development-opportunities/>) for existing development offers.

3.4 Scoring guide

Appendix 2 is an optional scoring guide for individual board members to use when self-assessing against the competency domains.

4 Next steps

The Board Member Appraisal Framework will be published by autumn 2024. It will reflect the competency domains in this framework, as well as other performance objectives. It will also provide guidance on how to assess performance against the 6 competency domains, including for experienced board members and those who have been in post less than 12 months.

The LCF will continue to be kept under review, and may be updated periodically to reflect changes in the NHS operating environment, as well as feedback received from users. Feedback can be sent to england.karkimplementationteam@nhs.net (<mailto:england.karkimplementationteam@nhs.net>).

5 Detailed leadership competency domains

The individual competencies are expressed as 'I' statements. This is to indicate personal actions and behaviours that board members will demonstrate in undertaking their roles. However, it is recognised that, including in the context of a unitary board, high performance and delivery against objectives is also achieved through effective team working and collaboration.

1. Driving high-quality and sustainable outcomes

What does good look like?

I am a member of a unitary board which is committed to ensuring excellence in the delivery (and / or the commissioning) of high quality and safe care within our limited resources, including our workforce. I seek to ensure that my organisation* demonstrates continual improvement and that we strive to meet the standards expected by our patients and communities, as well as by our commissioners and regulators, by increasing productivity and bringing about better health and care outcomes with lasting change and improvement.

* All references to “organisation” also refer to systems for board members of integrated care boards.

Competencies

1. I contribute as a leader:

- a. to ensure that my organisation delivers the best possible care for patients
- b. to ensure that my organisation creates the culture, capability and approach for continuous improvement, applied systematically across the organisation

2. I assess and understand:

- a. the performance of my organisation and ensure that, where required, actions are taken to improve
- b. the importance of efficient use of limited resources and seek to maximise:
 - i. productivity and value for money

ii. delivery of high quality and safe services at population level

c. the need for a balanced and evidence-based approach in the context of the board's risk appetite when considering innovative solutions and improvements

3. I recognise and champion the importance of:

a. attracting, developing and retaining an excellent and motivated workforce

b. building diverse talent pipelines and ensuring appropriate succession plans are in place for critical roles

c. retaining staff with key skills and experience in the NHS, supporting flexible working options as appropriate

4. I personally:

a. seek out and act on performance feedback and review, and continually build my own skills and capability

b. model behaviours that demonstrate my willingness to learn and improve, including undertaking relevant training

2. Setting strategy and delivering long-term transformation

What does good look like?

I am a member of a unitary board leading the development of strategies which deliver against the needs of people using our services, as well as statutory duties and national and local system priorities. We set strategies for long term transformation that benefits the whole system and reflects best practice, including maximising the opportunities offered by digital technology. We use relevant data and take quality, performance, finance, workforce intelligence and proven innovation and improvement processes into account when setting strategy.

Competencies

1. I contribute as a leader to:

- a. the development of strategy that meets the needs of patients and communities, as well as statutory duties, national and local system priorities
- b. ensure there is a long-term strategic focus while delivering short-term objectives
- c. ensure that our strategies are informed by the political, economic, social and technological environment in which the organisation operates
- d. ensure effective prioritisation within the resources available when setting strategy and help others to do the same

2. I assess and understand:

- a. the importance of continually understanding the impact of the delivery of strategic plans, including through quality and inequalities impact assessments
- b. the need to include evaluation and monitoring arrangements for key financial, quality and performance indicators as part of developing strategy
- c. clinical best practice, regulation, legislation, national and local priorities, risk and financial implications when developing strategies and delivery plans

3. I recognise and champion the importance of long-term transformation that:

- a. benefits the whole system
- b. promotes workforce reform
- c. incorporates the adoption of proven improvement and safety approaches
- d. takes data and digital innovation and other technology developments into account

4. I personally:

- a. listen with care to the views of the public, staff and people who use services, and support the organisation to develop the appropriate engagement skills to do the same
- b. seek out and use new insights on current and future trends and use evidence, research and innovation to help inform strategies

3. Promoting equality and inclusion, and reducing health and workforce inequalities

What does good look like?

I am a member of a unitary board which identifies, understands and addresses variation and inequalities in the quality of care and outcomes to ensure there are improved services and outcomes for all patients and communities, including our workforce, and continued improvements to health and workforce inequalities.

Competencies

1. I contribute as a leader to:

- a. improve population health outcomes and reduce health inequalities by improving access, experience and the quality of care
- b. ensure that resource deployment takes account of the need to improve equity of health outcomes with measurable impact and identifiable outcomes
- c. reduce workforce inequalities and promote inclusive and compassionate leadership across all staff groups

2. I assess and understand:

a. the need to work in partnership with other boards and organisations across the system to improve population health and reduce health inequalities (linked to Domain 6)

3. I recognise and champion:

a. the need for the board to consider population health risks as well as organisational and system risks

4. I personally:

a. demonstrate social and cultural awareness and work professionally and thoughtfully with people from all backgrounds

b. encourage challenge to the way I lead and use this to continually improve my approaches to equality, diversity and inclusion and reducing health and workforce inequalities.

4. Providing robust governance and assurance

What does good look like?

I understand my responsibilities as a board member and how we work together as a unitary board to reach collective agreement on our approach and decisions. We use a variety of information sources and data to assure our financial performance, quality and safety frameworks, workforce arrangements and operational delivery. We are visible throughout the organisation and our leadership is underpinned by the organisation's behaviours, values and standards. We are seen as a Well Led organisation and we understand the vital importance of working collaboratively.

Competencies

1. I contribute as a leader by:

- a. working collaboratively on the implementation of agreed strategies
- b. participating in robust and respectful debate and constructive challenge to other board members
- c. being bound by collective decisions based on objective evaluation of research, evidence, risks and options
- d. contributing to effective governance and risk management arrangements
- e. contributing to evaluation and development of board effectiveness

2. I understand board member responsibilities and my individual contribution in relation to:

- a. financial performance
- b. establishing and maintaining arrangements to meet statutory duties, national and local system priorities
- c. delivery of high quality and safe care
- d. continuous, measurable improvement

3. I assess and understand:

- a. the level and quality of assurance from the board's committees and other sources
- b. where I need to challenge other board members to provide evidence and assurance on risks and how they impact decision making
- c. how to proactively monitor my organisation's risks through the use of the Board Assurance Framework, the risk management strategy and risk appetite statements
- d. the use of intelligence and data from a variety of sources to recognise and identify early warning signals and risks – including, for example, incident data; surveys; external reviews; regulatory intelligence; understanding variation and inequalities.

4. I recognise and champion:

- a. the need to triangulate observations from direct engagement with staff, patients and service users, and engagement with stakeholders
- b. working across systems, particularly in responding to patient safety incidents, and an understanding of how this links with continuous quality improvement

5. I personally:

- a. understand the individual and collective strengths of the board, and I use my personal and professional knowledge and experience to contribute at the board and support others to do the same

5. Creating a compassionate, just and positive culture

What does good look like?

As a board member I contribute to the development and ongoing maintenance of a compassionate and just learning culture, where staff are empowered to be involved in decision making and work effectively for their patients, communities and colleagues. As a member of the board, we are each committed to continually improving our approach to quality improvement, including taking a proactive approach and culture.

Competencies

1. I contribute as a leader:

- a. to develop a supportive, just and positive culture across the organisation (and system) to enable all staff to work effectively for the benefit of patients, communities and colleagues
- b. to ensure that all staff can take ownership of their work and contribute to meaningful decision making and improvement
- c. to improve staff engagement, experience and wellbeing in line with our NHS People Promise (for example, with reference to equality, diversity and inclusion; freedom to speak up; personal and professional development; holding difficult conversations respectfully and addressing conflict)
- d. to ensure there is a safe culture of speaking up for our workforce

2. I assess and understand:

- a. my role in leading the organisation's approach to improving quality, from immediate safety responses to creating a proactive and improvement-focused culture

3. I recognise and champion:

- a. being respectful and I promote diversity and inclusion in my work
- b. the ability to respond effectively in times of crisis or uncertainty

4. I personally:

- a. demonstrate visible, compassionate and inclusive leadership
- b. speak up against any form of racism, discrimination, bullying, aggression, sexual misconduct or violence, even when I might be the only voice
- c. challenge constructively, speaking up when I see actions and behaviours which are inappropriate and lead to staff or people using services feeling unsafe, or staff or people being excluded in any way or treated unfairly
- d. promote flexible working where possible and use data at board level to monitor impact on staff wellbeing and retention

6. Building trusted relationships with partners and communities

What does good look like?

I am part of a board that recognises the need to collaborate, consult and co-produce with colleagues in neighbouring teams, providers and systems, people using services, our communities and our workforce. We are seen as leading an organisation that proactively works to strengthen relationships and develop collaborative behaviours to support working together effectively in an integrated care environment.

Competencies

1. I contribute as a leader by:

- a. fostering productive partnerships and harnessing opportunities to build and strengthen collaborative working, including with regulators and external partners
- b. identifying and communicating the priorities for financial, access and quality improvement, working with system partners to align our efforts where the need for improvement is greatest

2. I assess and understand:

- a. the need to demonstrate continued curiosity and develop knowledge to understand and learn about the different parts of my own and other systems
- b. the need to seek insight from patient, carer, staff and public groups across different parts of the system, including Patient Safety Partners

3. I recognise and champion:

- a. management, and transparent sharing, of organisational and system level information about financial and other risks, concerns and issues
- b. open and constructive communication with all system partners to share a common purpose, vision and strategy

Appendix 1: Values and concepts from key documents which form an anchor for this framework

Our people promise

- We are compassionate and inclusive
- We are recognised and rewarded
- We each have a voice that counts
- We are safe and healthy
- We are always learning
- We work flexibly
- We are a team

NHS values

- Working together for patients
- Respect and dignity
- Commitment to quality of care
- Compassion
- Improving lives
- Everyone counts

Our leadership way

We are compassionate

- We are inclusive, promote equality and diversity, and challenge discrimination
- We are kind and treat people with compassion, courtesy and respect.

We are curious

- We aim for the highest standards and seek to continually improve, harnessing our ingenuity
- We can be trusted to do what we promise

We are collaborative

- We collaborate, forming effective partnerships to achieve our common goals
- We celebrate success and support our people to be the best they can be

Health and Care Act 2022

- Collaborate with partners to address our shared priorities and have the core aim and duty to improve the health and wellbeing of the people of England.
- Improve the quality, including safety, of services provided.
- Ensure the sustainable, efficient use of resources for the wider system and communities

Seven principles of public life

- Selflessness
- Integrity
- Objectivity

- Accountability
- Openness
- Honesty
- Leadership

Appendix 2: Optional scoring guide for individual self-assessment against the competencies

Download a word copy of this [scoring guide \(https://www.england.nhs.uk/wp-content/uploads/2024/02/B0496i-app-2-optional-scoring-guide-for-individual-self-assessment-against-the-competencies.docx\)](https://www.england.nhs.uk/wp-content/uploads/2024/02/B0496i-app-2-optional-scoring-guide-for-individual-self-assessment-against-the-competencies.docx).

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Appendix B

Appendix 2: Optional scoring guide for individual self-assessment against the competencies

Domain 1: Driving high quality, sustainable outcomes						
	Competencies	Almost always	Frequently	Occasionally	Rarely or never	No chance to demonstrate
1	I contribute as a leader:					
1a	to ensure that my organisation delivers the best possible care for patients					
1b	to ensure that my organisation creates the culture, capability and approach for continuous improvement, applied systematically across the organisation					
2	I assess and understand:					
2a	the performance of my organisation and ensure that, where required, actions are taken to improve					
2b	the importance of efficient use of limited resources and seek to maximise: i. productivity and value for money ii. delivery of high quality and safe services at population level					
2c	the need for a balanced and evidence-based approach in the context of the board's risk appetite when considering innovative solutions and improvements					
3	I recognise and champion the importance of:					
3a	attracting, developing and retaining an excellent and motivated workforce					
3b	building diverse talent pipelines and ensuring appropriate succession plans are in place for critical roles					
3c	retaining staff with key skills and experience in the NHS, supporting flexible working options as appropriate					
4	I personally:					
4a	seek out and act on performance feedback and review, and continually build my own skills and capability					
4b	model behaviours that demonstrate my willingness to learn and improve, including undertaking relevant training					



Domain 2: Setting strategy and delivering long term transformation

	Competencies	Almost always	Frequently	Occasionally	Rarely or never	No chance to demonstrate
1	I contribute as a leader to:					
1a	the development of strategy that meets the needs of patients and communities, as well as statutory duties, national and local system priorities					
1b	ensure there is a long-term strategic focus while delivering short-term objectives					
1c	ensure that our strategies are informed by the political, economic, social and technological environment in which the organisation operates					
1d	ensure effective prioritisation within the resources available when setting strategy and help others to do the same					
2	I assess and understand:					
2a	the importance of continually understanding the impact of the delivery of strategic plans, including through quality and inequalities impact assessments					
2b	the need to include evaluation and monitoring arrangements for key financial, quality and performance indicators as part of developing strategy					
2c	clinical best practice, regulation, legislation, national and local priorities, risk and financial implications when developing strategies and delivery plans					
3	I recognise and champion the importance of long-term transformation that:					
3a	benefits the whole system					
3b	promotes workforce reform					
3c	incorporates the adoption of proven improvement and safety approaches					
3d	takes data and digital innovation and other technology developments into account					
4	I personally:					
4a	listen with care to the views of the public, staff and people who use services, and support the organisation to develop the appropriate engagement skills to do the same					
4b	seek out and use new insights on current and future trends and use evidence, research and innovation to help inform strategies					



Domain 3: Promoting equality and inclusion, and reducing health inequalities

Competencies		Almost always	Frequently	Occasionally	Rarely or never	No chance to demonstrate
1	I contribute as a leader to:					
1a	improve population health outcomes and reduce health inequalities by improving access, experience and the quality of care					
1b	ensure that resource deployment takes account of the need to improve equity of health outcomes with measurable impact and identifiable outcomes					
1c	reduce workforce inequalities and promote inclusive and compassionate leadership across all staff groups					
2	I assess and understand:					
2a	the need to work in partnership with other boards and organisations across the system to improve population health and reduce health inequalities (linked to Domain 6)					
3	I recognise and champion:					
3a	the need for the board to consider population health risks as well as organisational and system risks					
4	I personally:					
4a	demonstrate social and cultural awareness and work professionally and thoughtfully with people from all backgrounds					
4b	encourage challenge to the way I lead and use this to continually improve my approaches to equality, diversity and inclusion and reducing health and workforce inequalities					



Domain 4: Providing robust governance and assurance

	Competencies	Almost always	Frequently	Occasionally	Rarely or never	No chance to demonstrate
1	I contribute as a leader by:					
1a	working collaboratively on the implementation of agreed strategies					
1b	participating in robust and respectful debate and constructive challenge to other board members					
1c	being bound by collective decisions based on objective evaluation of research, evidence, risks and options					
1d	contributing to effective governance and risk management arrangements					
1e	contributing to evaluation and development of board effectiveness					
2	I understand board member responsibilities and my individual contribution in relation to:					
2a	financial performance					
2b	establishing and maintaining arrangements to meet statutory duties, national and local system priorities					
2c	delivery of high quality and safe care					
2d	continuous, measurable improvement					
3	I assess and understand:					
3a	the level and quality of assurance from the board's committees and other sources					
3b	where I need to challenge other board members to provide evidence and assurance on risks and how they impact decision making					
3c	how to proactively monitor my organisation's risks through the use of the Board Assurance Framework, the risk management strategy and risk appetite statements					
3d	the use of intelligence and data from a variety of sources to recognise and identify early warning signals and risks					

4	I recognise and champion:					
4a	the need to triangulate observations from direct engagement with staff, patients and service users, and engagement with stakeholders					
4b	working across systems, particularly in responding to patient safety incidents, and an understanding of how this links with continuous quality improvement					
5	I personally:					
5a	understand the individual and collective strengths of the board, and I use my personal and professional knowledge and experience to contribute at the board and support others to do the same					



Domain 5: Creating a compassionate, just and positive culture

	Competencies	Almost always	Frequently	Occasionally	Rarely or never	No chance to demonstrate
1	I contribute as a leader:					
1a	to develop a supportive, just and positive culture across the organisation (and system) to enable all staff to work effectively for the benefit of patients, communities and colleagues					
1b	to ensure that all staff can take ownership of their work and contribute to meaningful decision making and improvement					
1c	to improve staff engagement, experience and wellbeing in line with our NHS People Promise					
1d	to ensure there is a safe culture of speaking up for our workforce					
2	I assess and understand:					
2a	my role in leading the organisation's approach to improving quality, from immediate safety responses to creating a proactive and improvement-focused culture					
3	I recognise and champion:					
3a	being respectful and I promote diversity and inclusion in my work					
3b	the ability to respond effectively in times of crisis or uncertainty					
4	I personally:					
4a	demonstrate visible, compassionate and inclusive leadership					
4b	speak up against any form of racism, discrimination, bullying, aggression, sexual misconduct or violence, even when I might be the only voice					
4c	challenge constructively, speaking up when I see actions and behaviours which are inappropriate and lead to staff or people using services feeling unsafe; or staff or people being excluded in any way or treated unfairly					
4d	promote flexible working where possible and use data at board level to monitor impact on staff wellbeing and retention					



Domain 6: Building trusted relationships with partners and communities						
	Competencies	Almost always	Frequently	Occasionally	Rarely or never	No chance to demonstrate
1	I contribute as a leader by:					
1a	fostering productive partnerships and harnessing opportunities to build and strengthen collaborative working, including with regulators and external partners					
1b	identifying and communicating the priorities for financial, access and quality improvement, working with system partners to align our efforts where the need for improvement is greatest					
2	I assess and understand:					
2a	the need to demonstrate continued curiosity and develop knowledge to understand and learn about the different parts of my own and other systems					
2b	the need to seek insight from patient, carer, staff and public groups across different parts of the system, including Patient Safety Partners					
3	I recognise and champion:					
3a	management, and transparent sharing, of organisational and system level information about financial and other risks, concerns and issues					
3b	open and constructive communication with all system partners to share a common purpose, vision and strategy					

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Directory of board level learning and development opportunities

This document is part of the [NHS England Fit and Proper Person Test Framework for board members](https://www.england.nhs.uk/publication/nhs-england-fit-and-proper-person-test-framework-for-board-members/) (<https://www.england.nhs.uk/publication/nhs-england-fit-and-proper-person-test-framework-for-board-members/>).

[Publication \(/publication\)](#)

Content

- [Board director support offers](#)
- [Programmes and networks from other organisations](#)

This is a directory of support offers for executive and non-executive board directors. These offers have been considered against a set of quality assurance criteria. The list is not exhaustive but is a compilation of support offers where there is sufficient information available – either via desktop research or through dialogue with providers – to include with confidence that they offer support commensurate with the level. In some cases, the offer is a network, in which case the aims, purpose and inclusivity of the network have been considered.

There is repetition in this list as some offers are applicable to more than one staff group.

Offers from within the NHS and from organisations supporting the NHS.

Board director support offers

Offers applicable to all board roles

Provider: NHS Leadership Academy
Programme title: Collaborate Well Podcast
Audience: Available to all board members
Description:

- Resources about and sharing learning on integrated care system development.
- Series of podcasts and webinars – topics include clinical leadership, complex needs, inequalities.

Link: [Collaborate well – podcast playlist](https://senioronboarding.leadershipacademy.nhs.uk/working-collaboratively/podcasts-and-webinars/) (<https://senioronboarding.leadershipacademy.nhs.uk/working-collaboratively/podcasts-and-webinars/>)

Provider: Healthcare Financial Management Association

Programme title: Healthcare Financial Management

Audience: Available to all board members

Description:

- Healthcare Financial Management Association provides an assortment of resources and learning including bitesize sessions.
- Support for roles working in NHS finance at board level.

Link: [Healthcare Financial Management Association \(https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.hfma.org.uk%2F&data=05%7C01%7Ccharminder.basra1%40nhs.net%7Cd0068a1849e44336d4e708db76f0d634%7C37c354b285b047f5b22207b48d774ee3%7C\)](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.hfma.org.uk%2F&data=05%7C01%7Ccharminder.basra1%40nhs.net%7Cd0068a1849e44336d4e708db76f0d634%7C37c354b285b047f5b22207b48d774ee3%7C)

Provider: Independent network

Programme title: Disabled NHS Directors Network

Audience: Open to new directors who meet the criteria

Description:

- Designed for executives and non-executives providing mentoring and coaching support to strengthen collective impact and voice of disabled leaders' network.
- Toolkit commissioned for recruitment and retention of disabled non-executive directors for boards.

Link: [Disabled NHS Directors Network \(https://disablednhsdirectorsnetwork.nhs.uk/\)](https://disablednhsdirectorsnetwork.nhs.uk/)

Offers for CEOs and newly appointed CEOs

Provider: NHS Leadership Academy

Programme title: Explore and Rethink through the CEO lens

Audience: Newly appointed CEOs

Description:

Resources to support the first 100 days in role. Three modules:

- Transitioning into role
- Systems leadership
- Leading an effective executive team

Link: Create account and log in via [Newly appointed CEO support – Leadership Academy \(https://www.leadershipacademy.nhs.uk/newly-appointed-ceo-support/\)](https://www.leadershipacademy.nhs.uk/newly-appointed-ceo-support/)

Provider: NHS Confederation

Programme title: First time Chief Executives programme

Audience: First time CEOs

Description:

- Peer support and development for first time CEOs.

- Bi-monthly meetings with national leaders from across the system

Link: [First-Time Chief Executives Programme | NHS Confederation \(https://www.nhsconfed.org/first-time-CEO\)](https://www.nhsconfed.org/first-time-CEO)

Provider: NHS Leadership Academy

Programme title: Chief Executives Development Network

Audience: Open to new CEOs

Description:

- Three, two-day development days per annum – coming soon.
- Access to online resources.
- A dedicated transition coach who will meet you twice yearly, initially to welcome you into the network and then to help progress your personal learning agenda and shape Network events.

Link: [Chief Executive Development Network – Leadership Academy \(https://www.leadershipacademy.nhs.uk/senior-leadership-support-and-development/chief-executive-officers/chief-exec-development/\)](https://www.leadershipacademy.nhs.uk/senior-leadership-support-and-development/chief-executive-officers/chief-exec-development/)

Information on joining by email to [ceo@leadershipacademy.nhs.uk \(mailto:ceo@leadershipacademy.nhs.uk\)](mailto:ceo@leadershipacademy.nhs.uk)

Provider: NHS Leadership Academy

Programme title: Peer to Peer support

Audience: Open to new CEOs

Description:

- Support for new CEOs from existing, experienced CEOs
- Confidential and practical support, hosted by NHS England but confidential to the peer to peer relationship.

Link: Can register for support at [Peer-to-peer Support: Expression of Interest – Leadership Academy \(https://learninghub.leadershipacademy.nhs.uk/peertopeernetwork-eoi/\)](https://learninghub.leadershipacademy.nhs.uk/peertopeernetwork-eoi/)

Provider: NHS Leadership Academy

Programme title: Transition Coaching

Audience: New CEO

Description:

Access and support to a dedicated transition coach, to welcome to the network and to help progress personal learning agenda and shape network events

Link: Register for a transition coach at [ceo@leadershipacademy.nhs.uk \(mailto:ceo@leadershipacademy.nhs.uk\)](mailto:ceo@leadershipacademy.nhs.uk)

Provider: NHS Leadership Academy

Programme title: Collaborate Well Podcast

Audience: CEO

Description:

- Resources looking at and sharing learning about ICS development.
- Series of podcasts and webinars – topics include clinical leadership, complex needs, inequalities.

Link: [Collaborate well – podcast playlist \(https://senioronboarding.leadershipacademy.nhs.uk/working-collaboratively/podcasts-and-webinars/\)](https://senioronboarding.leadershipacademy.nhs.uk/working-collaboratively/podcasts-and-webinars/)

Provider: NHS Leadership Academy

Programme title: Mentoring offer

Audience: Available to all CEOs

Description:

Experienced former NHS chairs and CEOs who offer mentoring services to current NHS chairs and CEOs

Link: Please contact [karen.robinson23@nhs.net \(mailto:karen.robinson23@nhs.net\)](mailto:karen.robinson23@nhs.net)

Provider: NHS Providers

Programme title: Network

Audience: Chairs and CEOs of NHS trusts and foundation trusts

Description:

One of 12 networks run by NHS Providers for members. The events are specifically designed to help members get the information, guidance and inspiration they need.

Link: Networks home page [Member networks – NHS Providers \(https://nhsproviders.org/networks\)](https://nhsproviders.org/networks)

Offers for chairs and new in post chairs

Provider: NHS Providers

Programme title: Chairs Onboarding

Audience: New Chairs

Description:

Part of the NHS Providers board development suite of offers:

- One-day onboarding event
- Six-month induction programme
- Chair mentoring support network

Link: [Chair Induction Programme \(NHS Providers\) \(https://nhsproviders.org/development-offer/board-development/what-is-board-development\)](https://nhsproviders.org/development-offer/board-development/what-is-board-development) Dates published on the website.

Provider: NHS Leadership Academy

Programme title: Chairs Development Network

Audience: Chairs

Description:

The Chair Development Network (CHADN) is designed to provide personalised, flexible and accessible learning. It offers the following core elements:

- Three two-day network meeting days per annum – coming soon
- Access to online resources
- Access to coaching and mentoring (if required).

First-time chairs are also offered a dedicated Transition Coach.

Link: [Chair Development Network – Leadership Academy \(https://www.leadershipacademy.nhs.uk/senior-leadership-support-and-development/chair-and-ned-development/chair-development-network/\)](https://www.leadershipacademy.nhs.uk/senior-leadership-support-and-development/chair-and-ned-development/chair-development-network/)

Provider: NHS Leadership Academy

Programme title: Aspirant Chair

Audience: Current NEDs aspiring to a chair role

Description:

- A new programme for current non-executive directors planning to step into chair roles in the next 12-18 months.
- Aims to support a strong, diverse pipeline of candidates for chairs on NHS provider Boards.

Link: [New Aspirant Chair Programme – NHS Senior Leadership Onboarding and Support \(https://senioronboarding.leadershipacademy.nhs.uk/new-aspirant-chair-programme/#:~:text=NHS%20England%20has%20developed%20the%20Aspirant%20Chair%20Programme,chair%20role%20following%20completion%20of%20this%20development%20pr](https://senioronboarding.leadershipacademy.nhs.uk/new-aspirant-chair-programme/#:~:text=NHS%20England%20has%20developed%20the%20Aspirant%20Chair%20Programme,chair%20role%20following%20completion%20of%20this%20development%20pr)

Provider: NHS Leadership Academy

Programme title: Collaborate Well Podcast

Audience: Available to all board roles including chairs

Description:

- Resources looking at and sharing learning about ICS development.
- Series of podcasts and webinars – topics include clinical leadership, complex needs, inequalities.

Link: [Collaborate well – podcast playlist \(https://senioronboarding.leadershipacademy.nhs.uk/working-collaboratively/podcasts-and-webinars/\)](https://senioronboarding.leadershipacademy.nhs.uk/working-collaboratively/podcasts-and-webinars/)

Provider: NHS Leadership Academy

Programme title: Mentoring offer

Audience: Available to all chairs

Description:

Experienced former NHS chairs and CEOs who offer mentoring services to current NHS Chairs and CEOs.

Link: Please contact karen.robinson23@nhs.net (mailto:karen.robinson23@nhs.net)

Provider: Disabled NHS Directors Network

Programme title: Disabled NHS Directors Network

Audience: Available to all board roles including Chairs

Description:

- Designed for executives and non-executives providing mentoring and coaching support to strengthen collective impact and voice of disabled leader's network.
- Toolkit commissioned for recruitment and retention of disabled NEDs for Boards.

Link: [Disabled NHS Directors Network \(https://disablednhsdirectorsnetwork.nhs.uk/\)](https://disablednhsdirectorsnetwork.nhs.uk/)

Provider: Seacole Group

Programme title: Network for BAME NEDs and Chairs

Audience: Available to all BAME NEDs and chairs in the NHS

Description:

- Designed for aspiring/existing NEDs from Black, Asian, and other minority ethnic backgrounds.
- Associate membership is open to Non-Executive Directors from other backgrounds who are interested in learning about and supporting the objectives of the group

Link: [Seacole Group | National Network for Black, Asian and Other ethnic NEDS and Chairs in the NHS \(https://www.seacolegroup.com/\)](https://www.seacolegroup.com/)

Offers for new directors of finance

Provider: One Finance (Future Focussed Finance)

Programme title: First Time Chief Finance Officers

Audience: Chief Finance Officer

Description:

- For first time CFOs in post
- Designed to support and provide new leaders in first year in post with the knowledge and skills required to become high-performing directors

Link: [First time in post CFO programme \(https://onenhsfinance.nhs.uk/new-in-post-fd-cfo/\)](https://onenhsfinance.nhs.uk/new-in-post-fd-cfo/)

Offers for aspiring directors (from NHS England only)

Provider: NHS Leadership Academy

Programme title: Aspiring Director

Audience: Aspiring Director

Description:

- Nye Bevan programme for aspiring leaders who demonstrate readiness for the next steps.
- Open to Aspiring Board members from all clinical and non-clinical roles.
- Register interest via the link.

Link: [Nye Bevan Programme \(https://www.leadershipacademy.nhs.uk/programmes/nye-bevan-programme/\)](https://www.leadershipacademy.nhs.uk/programmes/nye-bevan-programme/)

Provider: NHS Leadership Academy
Programme title: Aspiring Executive Director
Audience: Aspiring Executive Director
Description:

Programme for those demonstrating high potential and interest in executive director on NHS trust Board within the next 12–24 months.

Link: [Executive Director Pathway \(https://www.leadershipacademy.nhs.uk/executive-director-pathway-2/\)](https://www.leadershipacademy.nhs.uk/executive-director-pathway-2/)

Offers for non-executive directors

Provider: NHS People and Culture Board level Development and Careers
Programme title: NEXt Director programme
Audience: Aspiring Non-Executive Director
Description:

- 6-12 month programme giving insight into the role and responsibilities, bridge knowledge gaps, supporting better performance at future NED interviews.
- Scheme provides support to under-represented on trust boards with the skills and expertise to take the step into the NHS board room.

Link: [NEXt Programme \(https://www.england.nhs.uk/non-executive-opportunities/improving-non-executive-diversity/next-director-scheme-supporting-tomorrows-non-executives/\)](https://www.england.nhs.uk/non-executive-opportunities/improving-non-executive-diversity/next-director-scheme-supporting-tomorrows-non-executives/)

Provider: NHS Providers in partnership with NHS England
Programme title: Board Development Programme – Non-Executive Director Induction
Audience: Non-Executive Directors
Description:

- Face-to-face and virtual options.
- Essential one-day induction programme specifically for new NEDs of NHS trusts and foundation trusts.
- Developed to provide deeper understanding of board roles.

Link: [Board development course dates – NHS Providers \(https://nhsproviders.org/development-offer/board-development/board-development-course-dates\)](https://nhsproviders.org/development-offer/board-development/board-development-course-dates)

Provider: NHS Providers
Programme title: Network for NEDs in NHS trusts and foundation trusts
Audience: Non-Executive Directors
Description:

- National networking events for NHS board members which meet several times a year.
- Specifically designed to help members get the information, guidance and inspiration they need.

Link: [Member networks – NHS Providers \(https://nhsproviders.org/networks\)](https://nhsproviders.org/networks)

Provider: NHS Confederation

Programme title: Non-Executive Leaders networks

Audience: Non-Executive Directors

Description:

A range of networks for non-executive leaders from across different health sectors including Mental Health Chairs, Independent ICS Chairs and Community Chairs.

Link: [Non-Executive Leaders Network | NHS Confederation \(https://www.nhsconfed.org/leadership-support/non-executive-leaders\)](https://www.nhsconfed.org/leadership-support/non-executive-leaders). To join the network or find out more contact [fiona.claridge@nhsconfed.org \(mailto:fiona.claridge@nhsconfed.org\)](mailto:fiona.claridge@nhsconfed.org)

Provider: NHS Leadership Academy

Programme title: Senior Leader Onboarding for Non-executive Directors

Audience: Non-Executive Directors

Description:

A range of resources for new and existing non-executive directors including:

- NED competencies and appraisal, values and behaviours support and further reading.
- Induction, development framework, governance and support offers.
- Designed as a support resource for newly appointed board members in the first year of the role.

Link:

- [New NED and chair competencies and appraisals – NHS Senior Leadership Onboarding and Support \(https://senioronboarding.leadershipacademy.nhs.uk/new-ned-and-chair-competencies-and-appraisals/\)](https://senioronboarding.leadershipacademy.nhs.uk/new-ned-and-chair-competencies-and-appraisals/)
 - [Non-executive opportunities in the NHS » Support for current chairs and non-executives \(https://www.england.nhs.uk/non-executive-opportunities/chair-non-executives-support/\)](https://www.england.nhs.uk/non-executive-opportunities/chair-non-executives-support/)
 - [New Chairs and Non Executive Directors – NHS Senior Leadership Onboarding and Support \(https://senioronboarding.leadershipacademy.nhs.uk/new-chairs-and-non-executive-directors/\)](https://senioronboarding.leadershipacademy.nhs.uk/new-chairs-and-non-executive-directors/)
-

Provider: Seacole Group

Programme title: Network for BAME NEDs and Chairs

Audience: Available to all BAME NEDs and Chairs in the NHS health system

Description:

- Designed for aspiring/existing NEDs from Black, Asian and other minority ethnic backgrounds.
- Associate membership is open to non-executive directors from other backgrounds who are interested in learning about and supporting the objectives of the group.

Link: [Seacole Group | National Network for Black, Asian and Other ethnic NEDS and Chairs in the NHS \(https://www.seacolegroup.com/\)](https://www.seacolegroup.com/)

Programmes and networks from other organisations

Also considered were offers from the following – either organisations aligned to healthcare, or offering executive education and support with connections to the public sector which are offered at no cost

Provider: The King's Fund

Programme title: Strategic Clinical Leaders

Audience: Board level Clinical Leaders

Description:

- Designed for senior clinical and professional leaders (medical director, chief nursing officer, or similar level).
- Learning includes expert insight/challenge, reflection, critical knowledge, problem solving. Waiting list and taking bookings into 2025.

Link: [SCL: Strategic Clinical Leaders | The King's Fund \(https://www.kingsfund.org.uk/courses/strategic-clinical-leaders\)](https://www.kingsfund.org.uk/courses/strategic-clinical-leaders)

Provider: The King's Fund

Programme title: Building Collaborative Leadership across health and care organisations

Audience: Senior leaders working in systems

Description:

- A programme enabling senior leaders to collaborate the newly integrated health and care landscape.
- Designed to give participants the opportunity to consider how to best lead ICSs.

Link: [Building collaborative leadership across health and care organisations | The King's Fund \(https://www.kingsfund.org.uk/courses/building-collaborative-leadership\)](https://www.kingsfund.org.uk/courses/building-collaborative-leadership)

Provider: The King's Fund

Programme title: Release Your Potential: A Programme for New Leaders*

Audience: Those new to leadership. (May be useful for senior managers who aspire to board but have not undertaken leadership development specifically)

Description:

- For aspiring leaders across health, social care, voluntary, third sector and public health.

*Included as many senior managers tell us they have never undertaken formal leadership development.

Link: [Release your potential | The King's Fund \(https://www.kingsfund.org.uk/courses/release-your-potential-programme-new-leaders\)](https://www.kingsfund.org.uk/courses/release-your-potential-programme-new-leaders)

Provider: The King's Fund

Programme title: Clinical Directors and Lead Clinicians

Audience: Existing clinical directors, lead clinicians, and those stepping into roles or considering them

Description:

Addresses the knowledge, skills and behaviours you need to lead both operationally and strategically as a clinical director or lead clinician.

Link: [Clinical directors and lead clinicians | The King's Fund \(https://www.kingsfund.org.uk/courses/clinical-directors-lead-clinicians\)](https://www.kingsfund.org.uk/courses/clinical-directors-lead-clinicians)

Provider: The King's Fund

Programme title: Top Manager Programme

Audience: Senior people in health and social care, public, private and third sector for existing directors

Description:

Focus is on connecting with and creating shared purpose and developing the political and emotional intelligence needed when leading in senior roles in an increasingly demanding environment

Link: [Top manager programme | The King's Fund \(https://www.kingsfund.org.uk/courses/top-manager-programme\)](https://www.kingsfund.org.uk/courses/top-manager-programme)

Provider: The King's Fund

Programme title: The Circles Programme: Leadership Development for Women

Audience: Women leaders of all levels

Description:

- Designed irrespective of role or experience to respond to leadership challenges facing women.
- Open to under-represented diverse groups.

Link: [The Circles programme: leadership development for women | The King's Fund \(https://www.kingsfund.org.uk/courses/circles-programme-leadership-development-women\)](https://www.kingsfund.org.uk/courses/circles-programme-leadership-development-women)

Provider: The King's Fund

Programme title: The Circles Programme: Leadership Development for Women, Online Speakers Series

Audience: Women leaders of all levels

Description:

Online speaker series 2023-2024 for all women regardless of seniority or experience.

Link: [Circles | The King's Fund \(kingsfund.org.uk\) \(https://www.kingsfund.org.uk/events/circles-speaker-series-2023\)](https://www.kingsfund.org.uk/events/circles-speaker-series-2023) Speaker sessions are in addition to the above programme

Provider: Social Care Institute for Excellence

Title: Health and social care integration webinar

Audience: CEOs and Chairs

Description:

Series of webinars looking at ICS development, sharing good practice and learning.

Link: [Webinars on integration with NHS England \(https://www.scie.org.uk/integrated-care/delivering/nhs-england-webinars\)](https://www.scie.org.uk/integrated-care/delivering/nhs-england-webinars)

Provider: The Civil Service College
Title: CEO and Deputy CEO programme
Audience: CEOs and Deputies
Description:

Short courses and programmes to develop skills, knowledge and networks for chief executive officers, deputy-CEOs and their equivalents in public service.

Link: [CEO and deputy CEO-level development \(https://www.gov.uk/guidance/ceo-and-deputy-ceo-level-development\)](https://www.gov.uk/guidance/ceo-and-deputy-ceo-level-development)

Provider: The Local Government Association
Title: The IGNITE programme
Audience: New and existing CEOs
Description:

- The programme is supported by the LGA and delivered in partnership with Collaborate CIC.
- Aim is to build stronger relationships with peers that can support deeper collaboration across local government and in systems.

Link: [IGNITE – a Solace leadership programme for chief executives | Local Government Association \(https://www.local.gov.uk/our-support/leadership-workforce-and-communications/officer-development/ignite-solace-leadership\)](https://www.local.gov.uk/our-support/leadership-workforce-and-communications/officer-development/ignite-solace-leadership)

Provider: Healthcare Financial Management Association
Title: Healthcare Financial Management
Audience: Existing board level leaders
Description:

- Offers to support financial skills for non-executive directors.
- Healthcare Financial Management Association provides an assortment of resources and learning.
- Support for roles working in NHS finance at Board level.

Link: [Healthcare Financial Management Association \(https://www.hfma.org.uk/\)](https://www.hfma.org.uk/)

Provider: The Leadership Centre
Title: The Future Vision programme
Audience: Existing board level leaders
Description:

- Delivered in collaboration with the Leadership Centre and the Birmingham Leadership Institute.
- This programme offers development for senior leaders who recognise that what they already know and how they already lead is not sufficient to meet the nature of the challenges they are facing.

Link: [Future Vision | Leadership \(https://www.leadershipcentre.org.uk/ourwork/future-vision/\)](https://www.leadershipcentre.org.uk/ourwork/future-vision/)

Date published: 1 August, 2023

Date last updated: 2 August, 2023

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Appendix: Organ Donation Annual Report 22/23

1. Introduction

- 1.1. Recognition of a patient's wishes regarding organ donation and discussion with nominated representatives was highlighted as part of End-of-Life Care Pathways in the Department of Health End of Life Care Strategy, published in 2008.
- 1.2. The ESHT organ donation committee oversees policy, education, and publicity to educate and support organ donation within ESHT and East Sussex.

2. Background

- 2.1. On the 31st March 2023 there were 6959 people on the active transplant list in the UK. Over the last year 441 patients in the UK have died whilst waiting for a transplant; 23 across the South East Coast.
- 2.2. In 2008 the Organ Donation Taskforce published 'Organs for Transplants' which set recommendations with the target of increasing deceased donor rates. By 2013 donation rates had increased by 50% with a 30.5% increase in transplants.
- 2.3. In 2013 The 'Taking Organ Transplantation to 2020 UK Strategy' was published. This built on the changes initiated in 2008. The aim of the strategy was to 'pursue consistently excellent practice in the care of every potential donor and maximise the use of every available organ'.
- 2.4. In England following public consultation, the Organ Donation (Deemed Consent) Bill received Royal Assent on the 15th March 2019 and was passed into law on the 20th May 2020. This means that all competent adults who are freely resident in England for >1 year are now considered as potential donors unless they specifically chose to opt out or are excluded. Under the law donation will still be discussed with families to ensure that the most up to date individual wishes are known and respected. People are still able to register their decision – either to donate their organs or to decline donation, via the NHS organ donor register. On the 31st March 2022, 27 751 289 people had registered their decision to opt-in to organ donation across the UK.
- 2.5. Organ Donation and Transplantation 2030: Meeting the Need is a 10-year vision for organ donation and transplantation rolled out by NHSBT since 2020 which takes in to account the introduction of 'opt-out' legislation and the impact of the COVID-19 pandemic.

3. Main content

3.1. NHS Blood & Transplant Report 1st April 2022 to 31st March 2023:

Summary:

Figure 2.1 Key rates on the potential for organ donation including UK comparison, 1 April 2022 - 31 March 2023

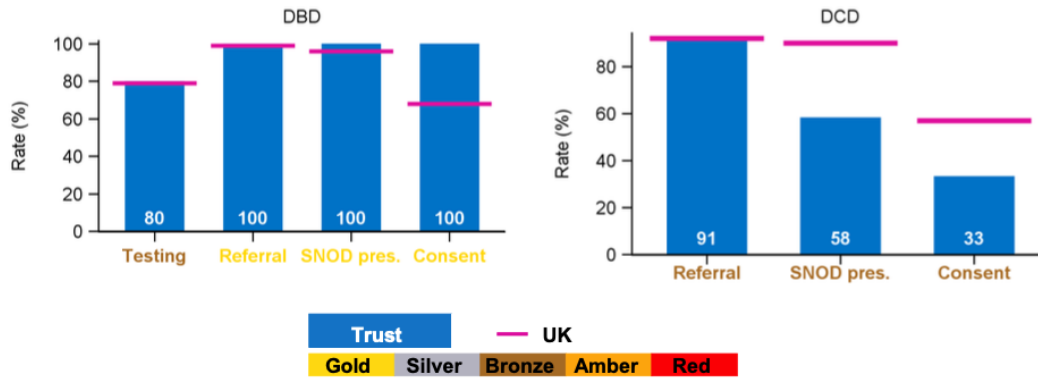


Figure 2.2 Trends in key rates on the potential for organ donation, 1 April 2018 - 31 March 2023

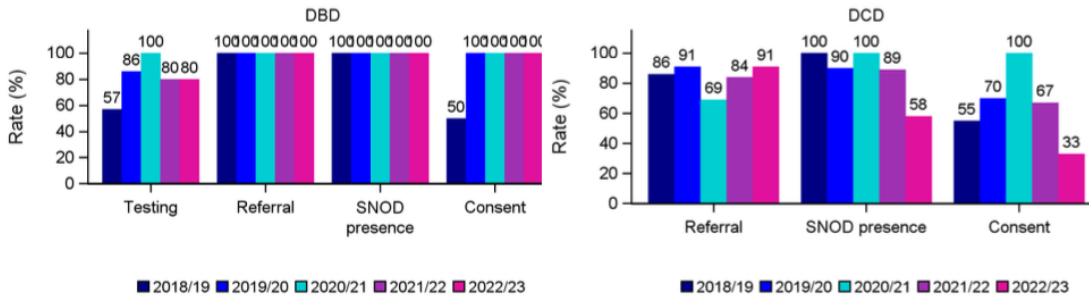


Table 2.1 Key numbers, rates and comparison with national rates, 1 April 2022 - 31 March 2023

	DBD		DCD		Deceased donors	
	Trust	UK	Trust	UK	Trust	UK
Patients meeting organ donation referral criteria ¹	5	1980	35	5307	38	6910
Referred to Organ Donation Service	5	1965	32	4886	35	6482
Referral rate %	G 100%	99%	B 91%	92%	B 92%	94%
Neurological death tested	4	1556				
Testing rate %	B 80%	79%				
Eligible donors ²	3	1439	21	3467	24	4906
Family approached	3	1244	12	1691	15	2935
Family approached and SNOD present	3	1190	7	1526	10	2716
% of approaches where SNOD present	G 100%	96%	B 58%	90%	B 67%	93%
Consent ascertained	3	846	4	959	7	1805
Consent rate %	G 100%	68%	B 33%	57%	B 47%	61%
- Expressed opt in	3	476	2	578	5	1054
- Expressed opt in %	100%	95%	50%	84%	71%	89%
- Deemed Consent	0	284	2	306	2	590
- Deemed Consent %	N/A	63%	40%	52%	40%	57%
- Other*	0	86	0	74	0	160
- Other* %	N/A	60%	N/A	38%	N/A	47%
Actual donors (PDA data)	3	783	3	636	6	1419
% of consented donors that became actual donors	100%	93%	75%	66%	86%	79%

¹ DBD - A patient with suspected neurological death
DCD - A patient in whom imminent death is anticipated, ie a patient receiving assisted ventilation, a clinical decision to withdraw treatment has been made and death is anticipated within 4 hours

² DBD - Death confirmed by neurological tests and no absolute contraindications to solid organ donation
DCD - Imminent death anticipated and treatment withdrawn with no absolute contraindications to solid organ donation

* Includes patients where nation specific deemed criteria are not met and the patient has not expressed a donation decision in accordance with relevant legislation

Note that a patient that meets both the referral criteria for DBD and DCD organ donation is featured in both the DBD and DCD data but will only be counted once in the deceased donors total

Gold Silver Bronze Amber Red

3.2. Referrals & Missed Opportunities:

3.2.1. Referrals:

Goal: Every patient who meets the referral criteria should be identified and referred to the Organ Donation Service, as per NICE CG135 and NHS Blood and Transplant (NHSBT) Best Practice Guidance on timely identification and referral of potential organ donors.

Of 5 potential Donation after Brainstem Death (DBD) donors, all patients were referred to the Specialist Nurse for Organ Donation (SN-OD). Of these patients only 4 patients underwent neurological death tests with 1 patient not tested due advice from the specialist nurse. Of 35 potential Donation after Circulatory Death (DCD) donors, 32 patients were referred to the SN-OD and 12 families were approached regarding donation.

Figure 3.2 Number of patients meeting referral criteria, 1 April 2018 - 31 March 2023

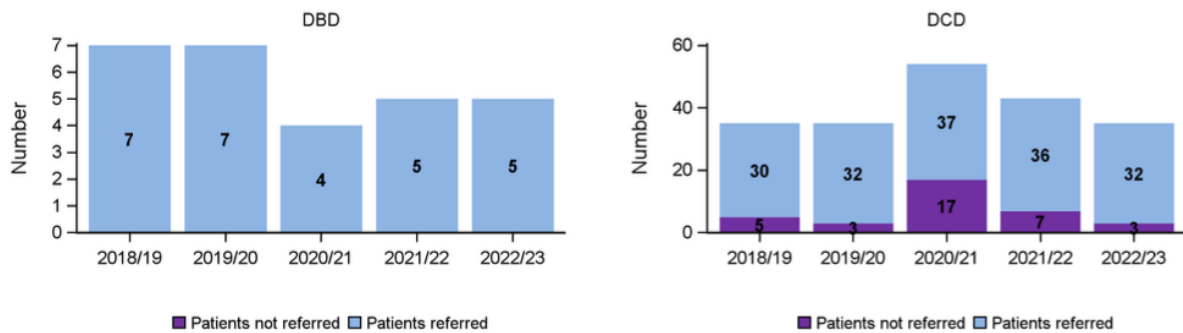
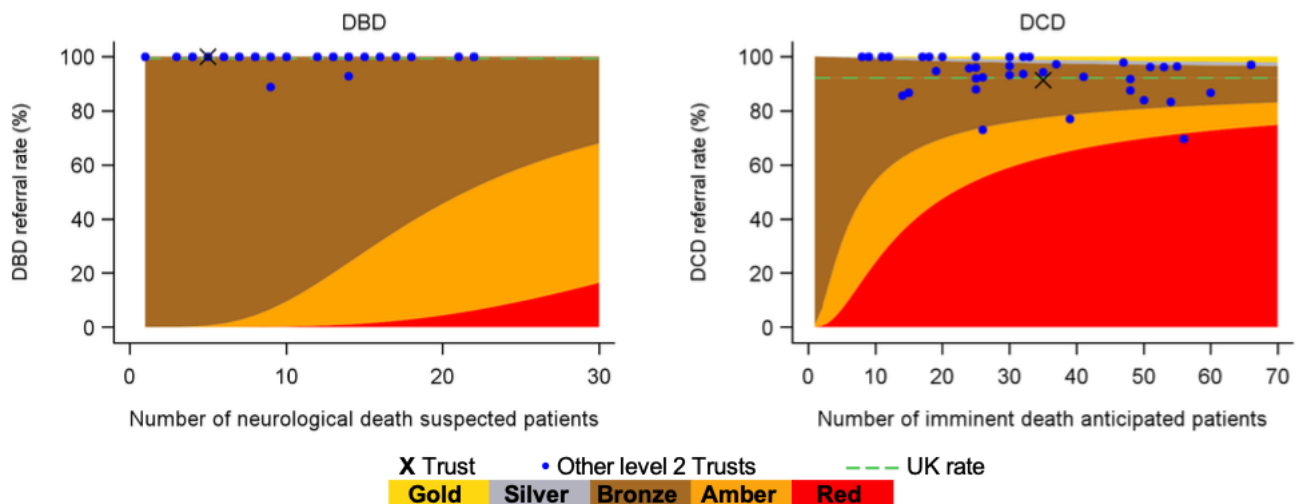


Figure 7.1 Funnel plots of referral rates, 1 April 2022 - 31 March 2023



ESHT has been rated as excellent for potential DBD donors and average for referrals for potential DCD donors. Of the patients not referred, 1 had medical contraindications and 2 were not considered. The clinical lead and specialist nurse continue to provide training for ICU staff to raise awareness of organ donation with the aim of achieving 100% referrals.

3.2.2. Neurological Testing:

Goal: Neurological death tests are performed wherever possible.

Of 5 potential patients with suspected neurological death and potential for Donation after Brainstem Death, 4 patients underwent neurological testing and one did not undergo testing following advice from the specialist nurse that they were not suitable.

Figure 3.1 Number of patients with suspected neurological death, 1 April 2018 - 31 March 2023

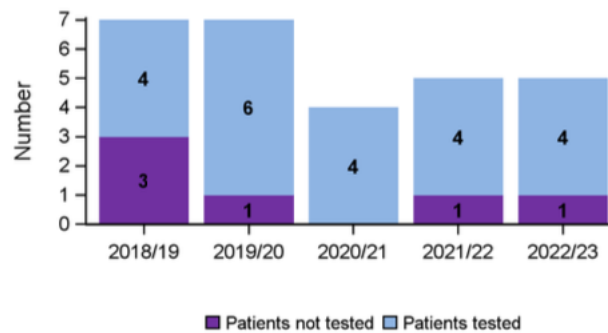
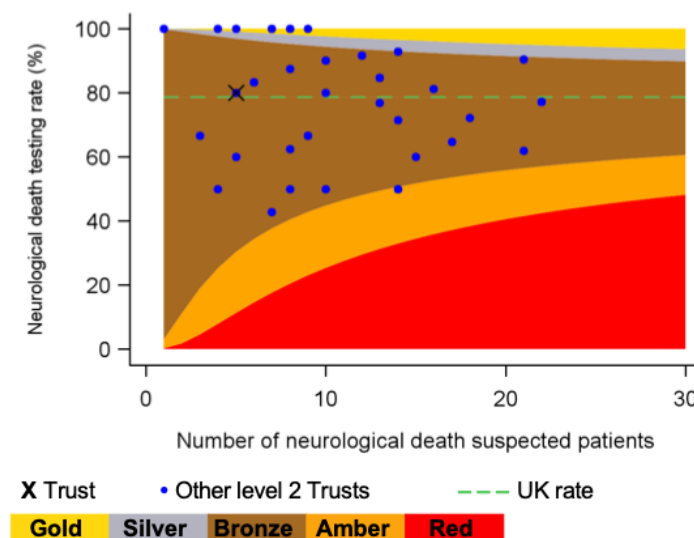


Figure 4.1 Funnel plot of neurological death testing rate, 1 April 2022 - 31 March 2023



3.2.3. Specialist Nurse For Organ Donation presence:

Goal: A SNOD should be present during the formal family approach as per NICE CG135 and NHSBT Best Practice Guidance.

During this report period, there were 5 families approached to discuss organ donation without a specialist nurse present. Best practice is that a specialist nurse should be present to answer any questions from the family. While ESHT remains within bronze (average) performance, it represents a significant drop in performance when compared with previous performance at ESHT and with other trusts of a similar size. The reasons for this drop in performance have been explored with the Critical Care teams and identified themes include late referrals from the ICU to the specialist nurses and reduced staffing levels within NHS blood & transplant that increases the specialist nurse workload and therefore increases mobilisation times. Several interventions are currently being trialled to attempt to improve specialist nurse presence, including a daily phone call to the nurse in charge of ICU and regular discussion of organ donation at ICU M&M meetings and the effectiveness of these interventions will be assessed over the next financial year.

Figure 3.3 Number of families approached by SNOD presence, 1 April 2018 - 31 March 2023

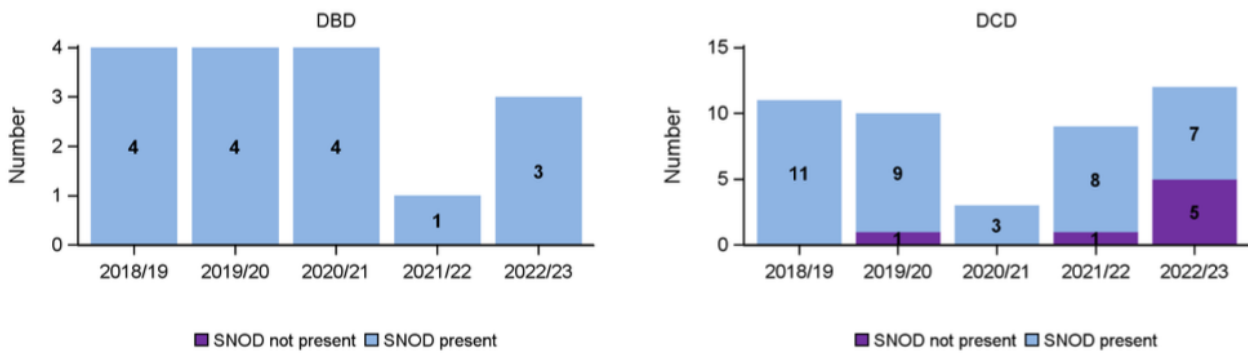


Figure 4.3 Funnel plot of SNOD presence rate, 1 April 2022 - 31 March 2023

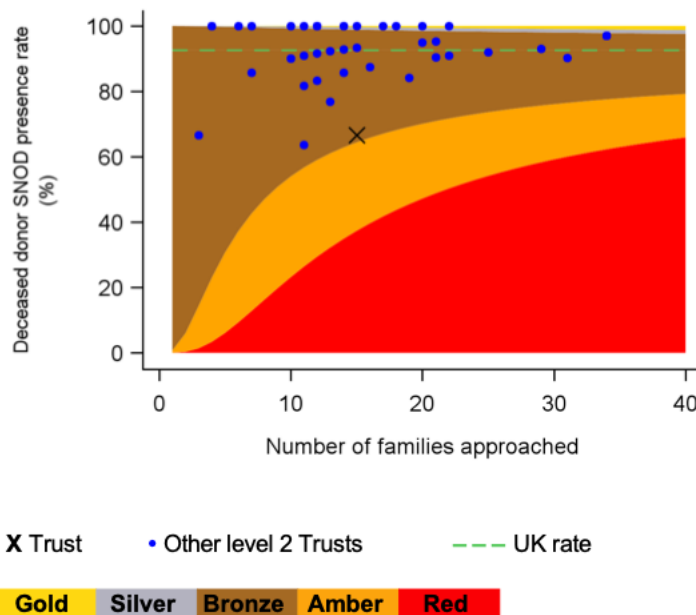
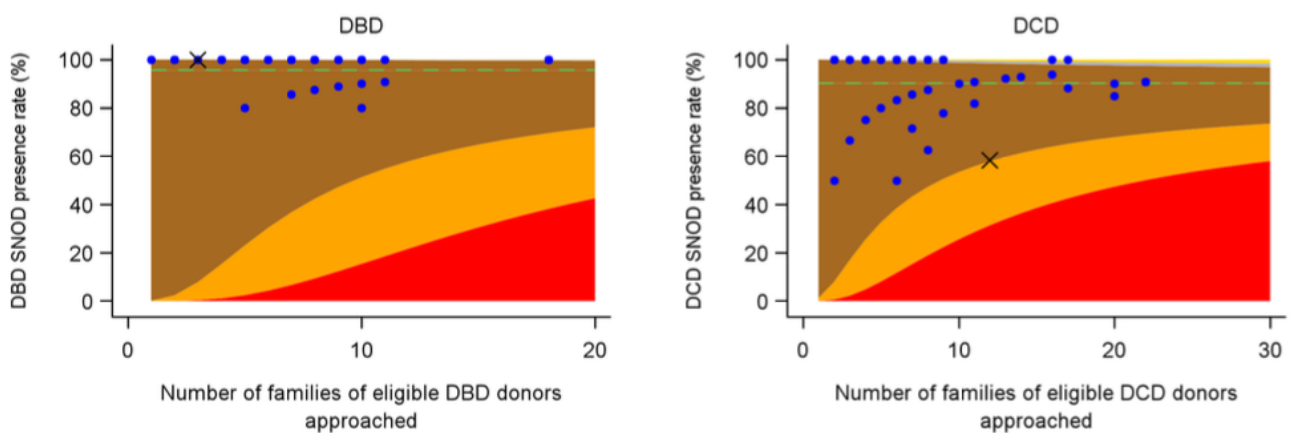


Figure 7.2 Funnel plots of SNOD presence rates, 1 April 2022 - 31 March 2023



3.2.4.Consent:

The consent rate of families approached to consider Donation after Circulatory death at ESHT this year was below the national average at just 33%. While the number of families approached is low and therefore any change in percentage should be interpreted with caution, this drop would be consistent with findings from national research on consent rates when families are approached by ICU specialists alone compared to an MDT approach that includes a specialist nurse from the organ donation team. It is hoped that this rate will be influenced by any action taken to improve specialist nurse presence and by local social media awareness campaigns that have been undertaken on the organ donation committee's behalf by the trust communications team.

Figure 3.4 Number of families approached, 1 April 2018 - 31 March 2023

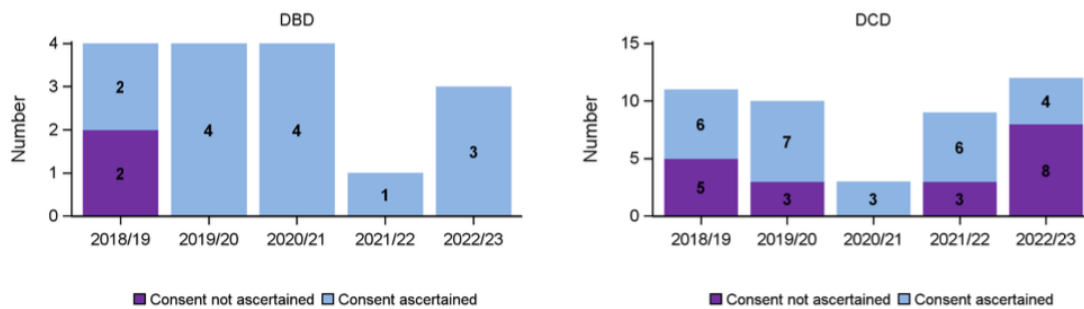


Figure 4.4 Funnel plot of consent rate, 1 April 2022 - 31 March 2023

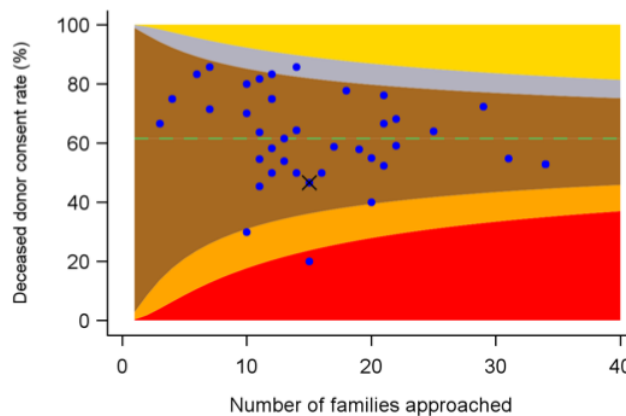
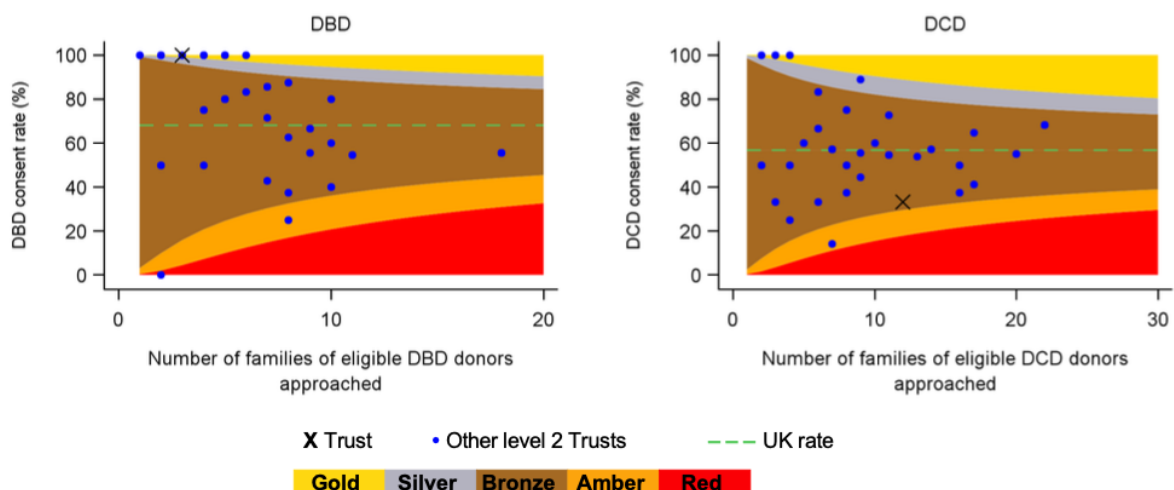


Figure 7.3 Funnel plots of consent rates, 1 April 2022 - 31 March 2023



3.2.5. Emergency Department:

Goal: No one dies in ED meeting referral criteria and is not referred to NHSBT's Organ Donation Service.

In 2021-22 there was 1 patient identified as a potential patient from A&E across ESHT but not referred. There is a new ED nurse representative on the organ donation committee and going forwards, training with the ED teams is planned.

3.3. Training:

The organ donation team (SNOD & CLOD) continue to undertake teaching sessions for Anaesthetic & ICU trainees & consultants, ICU nursing teams as well as Foundation Year 1 & 2 Doctors. Since January 2023, ICU has been holding a monthly teaching and M&M meeting and this has been an opportunity for regular updates on the outcome from proceeding donations. The aim of these updates is to raise awareness of the impact of actions taken within ESHT critical care on patients on transplant waiting lists at other trusts.

In the new financial year, it is hoped to expand out training to include A&E teams on both sites. The Clinical Lead for Organ Donation has also been in contact with the Palliative Care team to look at greater discussion on tissue donation within trust wide end of life training. While donation of organs is only appropriate for a select group of patients, dying within A&E or critical care, tissue donation can be considered in many patients up to 24-48hrs after death. There is currently a national shortage of corneal tissue and therefore raising awareness of tissue donation and the impact that it can have on patients (restoration of sight in the case of corneal transplant) is crucial.

3.4. Finances:

Funding received by the organ donation committee, while not charitable funds, is allocated to the trust with the intended benefit of raising awareness of organ donation and improving the environment and support provided to family members at an extremely difficult time. Historically it has helped fund a "tea trolley" for use in theatres to provide refreshments to relatives while they remain with their loved ones.

In the last financial year, the organ donation committee agreed to fund the installation of a memorial bench by the lake at Conquest Hospital with the intention that this would provide families and staff with a quiet space for reflection. The committee was kindly gifted a wooden bench by the work colleagues of our lay member, and this was installed along with a commemorative plaque and 2 Himalayan Cherry trees which have been planted either side of the bench, all funded by donor recognition funds.

Funding is currently allocated to trusts based on the number of proceeding donors and is ordinarily sent to trusts at the end of the first financial quarter. Without remaining funds rolled over from previous years it means that the organ donation budget either runs in a deficit for up to 4 months or the committee has to decline requests for funding in this time. Additionally, it remains challenging to plan larger scale projects using donor recognition funding such as the request from Eastbourne ICU to help renovate the relatives' room which has, currently, insufficient comfortable seating for relatives who may be spending prolonged periods on ICU during their relatives' final days. The committee asks that the trust board reconsider the decision not to roll over funds at the end of the financial year.

3.5. Publicity:

Over the last year we have had excellent collaboration between the organ donation committee, especially our lay member, and the hospital communications team. The team have been working on a media strategy to increase awareness on issues surrounding organ donation, especially during national campaigns such as organ donation week and more local events such as Eastbourne Airbourne.

To mark the end of organ donation week in September 2022, the organ donation committee arranged a non-denominational service of remembrance which was held at the remembrance bench with the families of local donors invited to attend. It is hoped that this will become a regular event to mark the end of National Organ Donation week each year. It is also intended that a suitable site could be identified at Eastbourne, once building works have been completed, so that families local to Eastbourne have a place to remember and reflect on their loved ones.

4. Conclusions & Recommendations

- 4.1. ESHT has been categorised as a level 2 trust by NHS Blood & Transplant (NHSBT). This is based on the average number of donors proceeding each year and remains unchanged from the previous years.
- 4.2. While improvements in referral rates for patients suitable for donation after circulatory death have improved, rates of specialist nurse presence and consent have dropped considerably. The organ donation committee has reviewed this performance and several interventions have been instigated. The outcome of these interventions will be reviewed in the next financial year.
- 4.3. Funding for larger scale projects remains challenging and the committee requests that the trust position around role over of funds from previous financial years is reviewed.

5. References

- 5.1. End of life care strategy (2008) Department of Health
- 5.2. Organs for Transplant – a report from the Organ Donation Taskforce (2008) Department of Health.
- 5.3. Taking Organ Transplantation to 2020. A UK strategy (2013) NHS Blood & Transplant & Department of Health.
- 5.4. Organ Donation and Transplantation 2030: Meeting the Need. A 10-year vision for organ donation and transplantation in the UK.
- 5.5. NICE Clinical Guidelines CG135, 2011
- 5.6. www.nhsbt.nhs.uk